

LICENSING COMMITTEE AGENDA



30 January 2013

at 2.00pm

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: LICENSING COMMITTEE:

Councillors Ainslie, Brash, Dawkins, Fleet, Gibbon, Griffin, Hall, Jackson, A Lilley, Loynes, Morris, Robinson, Shields, Sirs and Tempest

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 17th December 2012

4. ITEMS REQUIRING DECISION

4.1 Government's Alcohol Strategy – *Assistant Director (Regeneration and Planning)*

5. ITEMS FOR INFORMATION

No Items

6. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT



LICENSING COMMITTEE

MINUTES AND DECISION RECORD

17 December 2012

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Councillor Morris (In the Chair)

Councillors: Ainslie, Brash, Dawkins, Gibbon, Griffin, Hall, Jackson,
Robinson, Shields, Tempest

Officers: Ian Harrison, Principal Trading Standards & Licensing Officer
Tony MacNab, Solicitor
Rachael White, Democratic Services Officer

23. Apologies for Absence

Councillors Fleet, A Lilley, Loynes and Sirs and Sylvia Pinkney.

24. Declarations of interest by Members

None.

25. Confirmation of the minutes of the meeting held on 6 November 2012

Confirmed.

26. Early Morning Alcohol Restriction Orders (EMROs)– Assistant Director (Resources)

The Principal Trading Standards and Licensing Officer reported that when the Licensing Act was implemented in 2005 its primary purpose was to tackle issues associated with the misuse of alcohol. At that time it was believed that late night alcohol related crime and disorder was being caused by the requirement for all licensed premises to close at the same time producing a surge of drunken people onto the streets. This therefore removed 'prescribed' licensing hours and effectively permitted '24 hour drinking' if licensees requested it. This resulted in there being over 20 licences granted (excluding takeways) that authorised the sale of alcohol beyond 02.00am which has subsequently been reduced to 13 – partly due

to proactive action by the Council and the Police and partly due to the economic climate.

On 31st October 2012 licensing authorities were given the opportunity to adopt new measures for the management of their night time economies. These were Early Morning Restriction Orders (EMRO's) and Late Night Levy's. The Principal Trading Standards & Licensing Officer informed the Committee of the process used for the adoption of an EMRO going in to detail in relation to consultation, advertisement and evidence that needed to be provided. The Officer advised that if relevant representations were received, the licensing authority would have to hold a hearing to consider them within 30 days after the end of the consultation period. The authority would have to make its decision within 10 days working days of the conclusion of the hearing. As a result of the hearing the licensing authority would have three options:

- To decide that the proposed EMRO was appropriate for the promotion of the licensing objectives;
- To decide that the proposed EMRO would not be appropriate and the process should be ended;
- To decide that the proposed EMRO should be modified. In this case the process must begin again, based on modified terms.

On 6th December 2012 a letter was received from Cleveland Police and the Director of Public Health, requesting that Hartlepool Borough Council consider the implementation of an EMRO that would limit the sale of alcohol to 02:00am. Crime and disorder continued to be a significant issue for the Night Time Economy with an average of approximately 20 violent incidents in the town centre area each month. Cleveland Police stated that the current policing methods required to effectively manage the Night Time Economy were unsustainable. The Director of Public Health stated that a relaxation in licensing hours had led to unacceptable levels of alcohol related Accident and Emergency admissions. The representation from Cleveland Police and Director of Public Health has suggested that it would be appropriate for an EMRO to apply to the area currently identified in the Council's Licensing Policy as a 'Special Policy' area.

The timetable for implementation was suggested as follows:

- | | | |
|------------------------------|---|---|
| January 2013 | - | Consultation would begin |
| February/March | - | Consultation ends (consultation must be a minimum of 42 days) |
| April 2013 | - | Licensing hearing to consider consultation responses |
| June 2013 | - | Report to full Council |
| 13 th August 2013 | - | Implementation of EMRO |

In the discussion that followed, members made reference to the evidence that had been provided by Cleveland Police and the Director of Public Health. This included a briefing paper that identified alcohol related violent crime statistics for the town centre area between August 2011 and August 2012 and which highlighted that there were a number of premises where alcohol related crime and disorder had occurred during July and August

2012. The evidence was deemed as appropriate to fit the criteria to implement an EMRO. Concern was expressed in relation to the impact on businesses in the area as 14 alcohol licensed premises had closed since the Act was implemented. Members debated the possibility of displacement as it could be argued that as a result of the EMRO residents of Hartlepool would travel to other areas where establishments would stay open till a later time. However it was not thought to be a great concern. Members hoped that if introduced that local magistrates would support the EMRO. Overall it was felt that by introducing an EMRO it could improve the situation of local businesses and that it could also help reduce the crime and disorder in Hartlepool. All members were in favour of the Early Morning Restriction Order being proposed.

Decision

That there was sufficient evidence to propose making and an Early Morning Restriction Order on the following terms: -

- The EMRO will apply between 0200 hours and 0600 hours 7 days per week
- The EMRO will apply on every day of the year except for New Years Day
- The EMRO will apply in perpetuity – unless subsequently varied or revoked by the Council
- The EMRO shall only apply to the area identified in Appendix IV to this report
- The EMRO shall take effect on 13th August 2013.

The meeting concluded at 14.57

CHAIR

LICENSING COMMITTEE

30th January 2013



Report of: Assistant Director (Regeneration & Planning)

Subject: GOVERNMENT'S ALCOHOL STRATEGY

1. PURPOSE OF REPORT

- 1.1 To inform Committee about the publication of the Government's Alcohol Strategy.
- 1.2 To seek Committee's views on the Government's Alcohol Strategy and consider whether a response should be made to the ongoing consultation on the Strategy.

2. BACKGROUND

- 2.1 The Government has published its Alcohol Strategy which sets out how it plans to tackle the problems associated with the misuse of alcohol. A copy of the Strategy is available as **Appendix 1**.
- 2.2 The Strategy makes a number of references to the effect that alcohol misuse is having on individuals and the community as a whole. For example: -
 - *A combination of irresponsibility, ignorance and poor habits – whether by individuals, parents or businesses – led to almost 1 million alcohol-related violent crimes and 1.2 million alcohol-related hospital admissions in 2010/11 alone.*
 - *The levels of binge drinking among 15-16 year olds in the UK compare poorly with many other European countries and alcohol is one of the three biggest lifestyle risk factors for disease and death in the United Kingdom after smoking and obesity.*
 - *It has become acceptable to use alcohol for stress relief, putting many people at real risk of chronic diseases. Society is paying the costs – alcohol-related harm is now estimated to cost society £21 billion annually.*
 - *Cheap alcohol is too readily available and industry needs and commercial advantages have too frequently been prioritised over*

community concerns. This has led to a change in behaviour, with increasing numbers of people drinking excessively at home, including many who do so before they go on a night out, termed 'pre-loading'. In a recent study, around two-thirds of 17-30 year olds arrested in a city in England claimed to have 'pre-loaded' before a night out, and a further study found 'pre-loaders' two-and-a-half times more likely to be involved in violence than other drinkers.

- *It is estimated that in a community of 100,000 people, each year:*
 - *2,000 people will be admitted to hospital with an alcohol-related condition;*
 - *1,000 people will be a victim of alcohol-related violent crime;*
 - *Over 400 11-15 year olds will be drinking weekly;*
 - *Over 13,000 people will binge-drink;*
 - *Over 21,500 people will be regularly drinking above the lower-risk levels;*
 - *Over 3,000 will be showing some signs of alcohol dependence; and*
 - *Over 500 will be moderately or severely dependent on alcohol.*
- *In 2010, £42.1 billion was spent on alcohol in England and Wales alone. Alcohol has been so heavily discounted that it is now possible to buy a can of lager for as little as 20p or a two litre bottle of cider for £1.69. There is strong and consistent evidence that an increase in the price of alcohol reduces the demand for alcohol which in turn can lead to a reduction in harm, including for those who regularly drink heavily and young drinkers under 18*
- *In the UK, there has been a 25% increase in liver disease between 2001 and 2009. Alcohol-related liver disease accounts for over a third (37%) of all liver disease deaths.*

2.3 The Strategy proposes to tackle alcohol misuse in a number of ways: -

- End the availability of cheap alcohol and irresponsible drinks promotions through the introduction of a Minimum Unit Price for alcohol of 45 pence per unit and a ban on multi-buy promotions at off-licences (including supermarkets). A ban on multi-buy promotions would prohibit deals such as '2 for 1', 'buy one get one free' and 'buy six get 20% off' but would not apply to half price offers (or similar) or £x off any individual item.
- Ensure that local problems can be tackled at a local level by making it easier to take action against, and if necessary, close down problem premises.
- Secure industry's support for changing the drinking culture from one of excess to one of responsibility.
- Support individuals to make informed choices about healthier and responsible drinking, so it is no longer considered acceptable to drink excessively.

2.4 The proposed outcomes of the Strategy are: -

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines;
- A reduction in the number of people “binge drinking”;
- A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

2.5 In addition to the above proposals the Government is also looking at how it may reduce the burden on business and is therefore considering removing some, or all, licensing requirements for premises where the supply of alcohol is ancillary to the primary business – for example, a guesthouse supplying wine to its guests or a hairdresser offering complimentary glasses of wine to its customers.

2.6 The Government is also consulting on whether local authorities should be given discretion to decide whether premises that offer ‘late night refreshment’ should continue to be licensed. This could, for example, allow licensing authorities to exempt take-aways from the need to be licensed if they are situated away from the town centre area.

3. ISSUES

3.1 The Government is currently consulting on its Alcohol Strategy and would welcome comments on its proposals no later than 6th February 2013. A copy of the consultation document is available as **Appendix 2**.

3.2 Members are asked to consider whether a response should be made to the consultation and, if so, whether there are any particular issues that Committee wishes to support or otherwise comment on. Any response provided by this Committee would be one of a number that this authority may be making i.e. via the Safer Hartlepool Partnership and others.

3.3 The consultation asks, amongst other things, the following specific questions that Members may wish to consider: -

- Do you support a Minimum Unit Price for alcohol?
- Should the Minimum Unit of Price be adjusted over time?
- Do you think there should be a ban on multi-buy promotions by the off-trade?
- Do you believe any other promotions should be included in the definition of multi-buy?
- Do you believe that ancillary sellers of alcohol should be removed from licensing requirements?

- Do you believe that local authorities should be given the discretion to decide whether late night refreshment should remain licensable?

4. EQUALITY AND DIVERSITY CONSIDERATIONS

- 4.1 There are no equality or diversity implications.

5. SECTION 17

- 5.1 There are no implications under Section 17.

6. RECOMMENDATIONS

- 6.1 That Members note the Government's Alcohol Strategy and consider whether any response should be made to the ongoing consultation.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 7.1 **Appendix 1** – Government's Alcohol Strategy Document
Appendix 2 – Alcohol Strategy Consultation Document

8. BACKGROUND PAPERS

- 8.1 There are no background papers to accompany this report.

9. CONTACT OFFICER

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The Government's Alcohol Strategy



The Government's Alcohol Strategy

Presented to Parliament
by the Secretary of State for the Home Department
by Command of Her Majesty

March 2012

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The Government's Alcohol Strategy

PM Foreword

Binge drinking isn't some fringe issue, it accounts for half of all alcohol consumed in this country. The crime and violence it causes drains resources in our hospitals, generates mayhem on our streets and spreads fear in our communities.

My message is simple. We can't go on like this. We have to tackle the scourge of violence caused by binge drinking. And we have to do it now.

This strategy sets out how we will attack it from every angle. More powers to stop serving alcohol to people who are already drunk. More powers for local areas to restrict opening and closing times, control the density of licensed premises and charge a late night levy to support policing. More powers for hospitals not just to tackle the drunks turning up in A&E – but also the problem clubs that send them there night after night. And a real effort to get to grips with the root cause of the problem. And that means coming down hard on cheap alcohol.

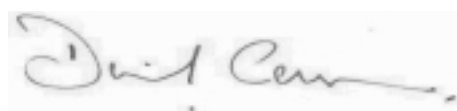
When beer is cheaper than water, it's just too easy for people to get drunk on cheap alcohol at home before they even set foot in the pub. So we are going to introduce a new minimum unit price. For the first time it will be illegal for shops to sell alcohol for less than this set price per unit. We are consulting on the actual price, but if it is 40p that could mean 50,000 fewer crimes each year and 900 fewer alcohol-related deaths a year by the end of the decade.

This isn't about stopping responsible drinking, adding burdens on business or some new kind of stealth tax - it's about fast, immediate action where universal change is needed.

And let's be clear. This will not hurt pubs. A pint is around two units. If the minimum price is 40p a unit, it won't affect the price of a pint in a pub. In fact, pubs may benefit by making the cheap alternatives in supermarkets more expensive.

We are working in partnership with business on all the proposals in the strategy, and I am pleased that the drinks industry are playing their part in promoting responsible drinking - including by giving consumers a wider choice of lower strength products and smaller servings to take one billion units out of the market by 2015.

Of course, I know the proposals in this strategy won't be universally popular. But the responsibility of being in government isn't always about doing the popular thing. It's about doing the right thing. Binge drinking is a serious problem. And I make no excuses for clamping down on it.



1. Introduction – a new approach

- 1.1 Fifty years ago, the United Kingdom had one of the lowest drinking levels in Europe but it is now one of the few European countries whose consumption has increased over that period. Over the last decade we have seen a culture grow where it has become acceptable to be excessively drunk in public and cause nuisance and harm to ourselves and others.
- 1.2 In moderation, alcohol consumption can have a positive impact on adults' wellbeing, especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities. And a profitable alcohol industry enhances the UK economy. The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess. The effects of such excess – on crime and health; and on communities, children and young people – are clear.
- 1.3 A combination of irresponsibility, ignorance and poor habits – whether by individuals, parents or businesses – led to almost 1 million alcohol-related violent crimes¹ and 1.2 million alcohol-related hospital admissions in 2010/11 alone. The levels of binge drinking among 15-16 year olds in the UK compare poorly with many other European countries² and alcohol is one of the three biggest lifestyle risk factors for disease and death in the United Kingdom after smoking and obesity. It has become acceptable to use alcohol for stress relief, putting many people at real risk of chronic diseases. Society is paying the costs – alcohol-related harm is now estimated to cost society £21 billion annually.
- 1.4 The problem has developed for the following reasons:
 - Cheap alcohol is too readily available and industry needs and commercial advantages have too frequently been prioritised over community concerns. This has led to a change in behaviour, with increasing numbers of people drinking excessively at home, including many who do so before they go on a night out, termed 'pre-loading'. In a recent study, around two-thirds of 17-30 year olds arrested in a city in England claimed to have 'pre-loaded'³ before a night out, and a further study found 'pre-loaders' two-and-a-half times more likely to be involved in violence than other drinkers⁴.
 - Previous governments have failed to tackle the problem. The vibrant café culture, much promised by the previous Government's Licensing Act, failed to

¹ Chaplin, R., Flatley, J. and Smith, K. (2011) Crime in England and Wales 2010/11. Home Office Statistical Bulletin 10/11. London: Home Office. Supplementary Table 7.11- <http://www.homeoffice.gov.uk/science-research/research-statistics/crime/crime-statistics/bcs-supplementary-tabs/>.

² Hibell, B. (et al) The 2007 ESPAD report. Substance use among students in 35 European countries.

³ Barton, A. and Husk, K. (forthcoming) Controlling pre-loaders: alcohol related violence in an English night time economy. Drugs and Alcohol Today.

⁴ Hughes, K., Anderson, Z., Morleo, M. and Bellis, M.A. (2008) 'Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes', *Addiction*, 103 (1), pp 60-5.

materialise. Too many places continue to cater for, and therefore remain blighted by, those who drink to get drunk, regardless of the consequences for themselves or others.

- There has not been enough challenge to the individuals that drink and cause harm to others, and of businesses that tolerate and even encourage this behaviour.

The result is a situation where responsible citizens and businesses are paying the price for irresponsible citizens and businesses.

1.5 This strategy signals a radical change in the approach and seeks to turn the tide against irresponsible drinking. Such change will not be achieved overnight. It will require long-term and sustained action by local agencies, industry, communities and the Government. We will:

- Take firm and fast action where immediate and universal change is needed. Chapter 2 sets out how we will end the availability of cheap alcohol and irresponsible promotions. We will introduce a minimum unit price for alcohol and will consult on the introduction of a ban on multi-buy promotions in the off-trade.
- Ensure that local areas are able to tackle local problems, reduce alcohol-fuelled violent crime on our streets, and tackle health inequalities. Chapter 3 sets out the extensive range of tools and powers we are giving to local agencies to challenge those people that continue to behave in an unacceptable way and make it easier to take action against and, if necessary, close down, problem premises. It asks local areas to make decisions for themselves, working effectively in partnership and giving communities the information they need to hold local services to account. We will give stronger powers to control the density of licensed premises and make health a licensing objective for this purpose. We will give areas the powers to restrict alcohol sales if late opening is causing problems through extended powers to make Early Morning Restriction Orders; introduce a new late night levy so that those businesses that trade into the late night contribute towards the cost of policing; and end the notion that drinking is an unqualified right by piloting sobriety schemes for those people whose offending is linked to excessive alcohol consumption. We will also support hospitals to tackle unacceptable drunken behaviour at A&E.
- Secure industry's support in changing individual drinking behaviour. Chapter 4 recognises the crucial role that the industry can play in changing the drinking culture, from one of excess to one of responsibility; and from one where alcohol is linked to bad behaviour to one where it is linked to positive "socialising". It sets out how we will build on the Responsibility Deal to drive greater industry responsibility and action to prevent alcohol misuse, including giving consumers a wider choice of lower strength products in both the on-trade and off-trade, taking one billion units out of the market by 2015. We promise to support and free up businesses that are acting responsibly but, through the Responsibility Deal, extend a challenge to all of industry to make more progress, more quickly on the responsible production, sale and promotion of alcohol.
- Support individuals to make informed choices about healthier and responsible drinking, so it is no longer considered acceptable to drink excessively. Chapter 5

sets out how we will ensure that everyone understands the risks around excessive alcohol consumption to help them make the right choices for themselves and their families, including through asking Dame Sally Davies, the Chief Medical Officer, to oversee a review of the alcohol guidelines for adults. It provides details on the support system that should be available for those that need particular help in changing their behaviour, including an alcohol check within the NHS Health Check for adults.

1.6 Our ambition is clear – we will radically reshape the approach to alcohol and reduce the number of people drinking to excess. The outcomes we want to see are:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines⁵;
- A reduction in the number of people “binge drinking”⁶;
- A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

1.7 Further information on trends in alcohol use and harm and effective practice is available at the Alcohol Learning Centre (<http://www.alcohollearningcentre.org.uk>).

1.8 The taxation aspects of this strategy will apply UK-wide. The provisions on crime and policing, alcohol licensing and pricing set out in this strategy are only intended to apply to England and Wales. We will work closely with the devolved administrations in Scotland and Northern Ireland to ensure a co-ordinated approach to those issues that is in line with the devolution settlement.

⁵ No more regularly than 3 to 4 units per day for men and no more regularly than 2 to 3 units per day for women.

⁶ Measured by those who self-report drinking on their heaviest drinking day in the previous week more than 8 units per day for men and more than 6 units per day for women.

2. Turning the tide

2.1 Over the last decade, we have witnessed a dramatic change in people's attitude to, and the harms caused by, alcohol consumption. We estimate that in a community of 100,000 people, each year:

- 2,000 people will be admitted to hospital with an alcohol-related condition;
- 1,000 people will be a victim of alcohol-related violent crime;
- Over 400 11-15 year olds will be drinking weekly;
- Over 13,000 people will binge-drink;
- Over 21,500 people will be regularly drinking above the lower-risk levels;
- Over 3,000 will be showing some signs of alcohol dependence; and
- Over 500 will be moderately or severely dependent on alcohol.

2.2 These statistics highlight the urgent and unquestionable need for all of those who drink alcohol – no matter who they are or what they do – to take responsibility for their drinking behaviour and establish a less risky approach to drinking as the norm. Such change will require collective action by individuals, communities, local agencies and industry. The following chapters set out how the Government will support, enable and challenge them to achieve this.

2.3 Wherever possible, action to tackle alcohol-related harm, crime and disorder should be taken at the local level by those who understand the problems that their community is facing. However, at times, action is needed to achieve universal and radical change across the country and tackle the underlying issues. This chapter sets out how the Government will lead the way and turn the tide against irresponsible sales and promotion of alcohol.

Reducing the availability of cheap alcohol

2.4 In 2010, £42.1 billion was spent on alcohol in England and Wales alone⁷. Alcohol has been so heavily discounted that it is now possible to buy a can of lager for as little as 20p or a two litre bottle of cider for £1.69. There is strong and consistent evidence that an increase in the price of alcohol reduces the demand for alcohol which in turn can lead to a reduction in harm, including for those who regularly drink heavily and young drinkers under 18.⁸⁹ We can no longer afford to ignore this.

2.5 The Government's Review of Alcohol Taxation in November 2010, recognised that the majority of drinkers consume alcohol in a responsible manner. However, the harms associated with problem consumption of alcohol remain a concern. The Government has already taken action to tackle the availability of heavily discounted alcohol by:

- Raising alcohol duty by 2% above retail inflation (RPI) each year to 2014-15;
- Introducing a 'minimum juice' rule for cider, so that high strength white ciders can no longer qualify for the lower rates of duty that apply to cider; and

⁷ Clancy, G. (2011). Consumer Trends Quarter 1 2011, No. 60. Office for National Statistics. <http://www.ons.gov.uk/ons/rel/consumer-trends/consumer-trends/q1-2011/index.html>.

⁸ Booth, A., Meier, P., Stockwell, T., Sutton, A., Wilkinson, A., Wong, R. (2008) Independent review of the effects of alcohol pricing and promotion. Department of Health.

⁹ The likely impacts of increasing alcohol price: a summary review of the evidence base (2011). Home Office.

- Introducing a new higher rate of duty for high strength beer over 7.5% Alcohol By Volume (ABV) and a new lower rate of duty for beer at 2.8% ABV and below to align duty more closely to alcohol strength.
- 2.6 The UK would support any future changes to the EU rules to allow duty on wine to rise in line with alcoholic strength. The UK will also seek a full impact assessment, including the health aspects, of the EU Commission's proposal on the Reform of the Common Organisation of the Market in Wine due in 2013.
- 2.7 These are significant steps forward but, as there is such a strong link between price and consumption, we need to go further still to end the irresponsible promotion and discounting of alcohol. This is why we will take an ambitious approach to tackling the issue of excessive alcohol consumption.
- 2.8 We will introduce a minimum unit price (MUP) for alcohol meaning that, for the first time ever in England and Wales, alcohol will not be allowed to be sold below a certain defined price. We will consult on the level in the coming months with a view to introducing legislation as soon as possible.
- 2.9 We will also consult on a ban on multi-buy promotions in the off-trade (shops) meaning that multiple bottles or cans could not be sold cheaper than the multiple of one bottle or can. This would put an end to any alcohol promotion or sale that offers customers a discount for buying multiple products in stores and therefore those that encourage and incentivise customers to buy larger quantities than they want.
- 2.10 We do not currently intend to apply this ban to the on-trade (pubs, bars, restaurants etc.) as this is already a more controlled and regulated drinking environment. We will launch a review of current commitments within the Mandatory Code for Alcohol to ensure they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs. We will also consult on applying the Mandatory Code to all sectors involved in the sale of alcohol, where relevant.
- 2.11 Given our intention to introduce MUP, we do not currently intend to implement a ban on the below cost sale of alcohol (defined as Duty+VAT). The introduction of MUP is likely to provide a net benefit to many retailers without a specific tax on any surplus profits. Rather than introducing a new levy or tax on surplus profits, we intend to work with industry to use any additional revenue to provide better value to customers in other areas (ending the situation where loss-leading on alcohol means that moderate drinkers effectively subsidise heavy drinkers through the cost of their weekly shop).

Alcohol Advertising

- 2.12 There is known to be a link between advertising and people's alcohol consumption, particularly those under the age of 18.¹⁰ Some countries have introduced a complete ban on alcohol advertising (Norway) or a ban on TV advertising with other controls (France) to tackle this. So far we have not seen evidence demonstrating that a ban is

¹⁰ Booth, A., Meier, P., Stockwell, T., Sutton, A., Wilkinson, A., Wong, R. (2008) Independent review of the effects of alcohol pricing and promotion. Department of Health.

a proportionate response but we are determined to minimise the harmful effects of alcohol advertising.

- 2.13 Alcohol advertising in the UK is already subject to controls that seek to prevent advertisers targeting and appealing to young people. The controls cover broadcast, print and online advertising and are a mix of co-regulation (with Ofcom) and self-regulation, administered by the Advertising Standards Authority (ASA) and the Portman Group. The Portman Code covers marketing such as sponsorship, promotion and product packaging. We will work with the Portman Group to ensure that where unacceptable marketing does occur, it results in the removal of offending brands from retailers.
- 2.14 The existing controls have the ability to address the problems associated with advertising alcohol but the system depends on people being aware of the controls and how they can complain. We will work with industry and other relevant bodies to help raise public awareness of the controls and encourage public feedback.
- 2.15 There are specific rules to prevent adverts being shown in a context which will have 'a particular appeal' to people aged under 18¹¹. While these rules restrict the targeting of young people, they still allow potentially large numbers of under-18s to see alcohol advertising. We will work with the ASA and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown during programmes of high appeal to young people.
- 2.16 Due to the proliferation of media channels in recent years, the opportunities to interact with alcohol marketing have increased. It is important that this increased capacity allows advertisers more precisely to minimise young people's interaction with alcohol marketing. The ASA recently extended its remit further into new media marketing. We will work with the ASA to ensure the full and vigorous application of ASA powers to online and social media and work with industry to develop a scheme to verify people's actual ages, which will apply to alcohol company websites and associated social media.
- 2.17 As part of the Bailey Review, a range of media regulators, including the ASA and Ofcom, recently set up a single, user-friendly website, called ParentPort, to make it easier for parents to make complaints, get information on regulation, and leave comments if they feel a programme, advertisement, product or service is inappropriate or unsuitable for their children. We will look for opportunities to create links through to ParentPort from high traffic sites to ensure that people can easily report any alcohol adverts they think are unsuitable. We will also work with the ASA and other relevant bodies to look at the rules and incentives that might inhibit the promotion of lower strength alcohol products and the encouragement of responsible drinking behaviours.

¹¹ For broadcast adverts the restriction is triggered when the Broadcasters' Audience Research Board (BARB) ¹¹ audience index for those aged 10-15 is 120 or more (i.e. more than 20% above their share in the population). Similarly for non-broadcast advertising there is a specific rule that no medium can be used to advertise alcoholic drinks if more than 25% of its audience are under 18.

Responding to emerging issues

2.18 The Government has a responsibility to identify and tackle new and emerging threats or issues, whether they are crime-related such as the increase in alcohol duty fraud; health-related such as the rising incidence of liver disease in young adults; or both such as the growing availability of counterfeit alcohol.

2.19 Alcohol duty fraud costs the Government up to £1.2 billion per year and organised crime groups are responsible for much of this cost. In 2010, HMRC introduced a renewed strategy to tackle all forms of alcohol duty fraud. Despite this, beer duty fraud in particular remains a significant problem. In 2012, Government announced its intention to consult on alcohol anti-fraud measures, including the introduction of fiscal marks for beer, supply chain legislation, and a licensing scheme for wholesale alcohol dealers.

2.20 In the UK, There has been a 25% increase in liver disease between 2001 and 2009. Alcohol-related liver disease accounts for over a third (37%) of all liver disease deaths¹². It is predicted that the cost to the NHS of managing this could be around £1 billion per year by 2015. While liver disease is not caused solely by excessive drinking, alcohol is the major contributor. The recently published liver disease strategy sets out: the reasons why liver disease is an increasing concern for the country; the vital need to prevent this disease better; and what the NHS and local areas will need to do to tackle it.

We will take national action to:

- Tackle the availability of cheap alcohol through the introduction of a minimum unit price for alcohol and consult on a ban on multi-buy promotions in the off-trade.
- Launch a review of current commitments within the Mandatory Code for Alcohol to ensure they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs.
- Consult on alcohol anti-fraud measures, including the introduction of fiscal marks for beer, supply chain legislation, and a licensing scheme for wholesale alcohol dealers.
- Work with the Portman Group to ensure that where unacceptable marketing does occur, it results in the removal of offending brands from retailers.
- Work with the ASA and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown during programmes of high appeal to young people.
- Work with the ASA to ensure the full and vigorous application of ASA powers to online and social media and work with industry to develop a scheme to verify people's actual ages which will apply to alcohol company websites and associated social media.
- Work with the ASA and other relevant bodies to look at the rules and incentives that might inhibit the promotion of lower strength alcohol products.

¹² Deaths from liver disease Implications for end of life care in England (2012). NHS National End of Life Care Programme.

3. Taking the right action locally

3.1 Local communities, services and businesses are best placed to tackle alcohol-related issues in their area and enforce the behaviour and develop the cultures that they want. Over the last year, we have taken significant steps to enable local agencies to take the right action locally. We have set out a new approach to crime, policing and health, reforming the delivery landscape so that:

- From April 2013, upper tier and unitary local authorities will receive a ring-fenced public health grant, including funding for alcohol services. Local authorities will be supported by Public Health England. They will be free to design services to meet local needs, working in partnership where this makes sense for them. This can maximise the scope for early interventions and can better meet the needs of specific groups.
- Health and Wellbeing Boards will bring together councils, the NHS and local communities to understand local needs and priorities through the Joint Strategic Needs Assessment (JSNA) and develop a joint Health and Wellbeing Strategy, which will set out how they will work together to meet these needs. The boards will be able to promote integration of health and social care services with health-related services like criminal justice services, education or housing. This will help join up services around individuals' needs and improve health and wellbeing outcomes for the local population.
- From November 2012, directly elected Police and Crime Commissioners (PCCs) will ensure the public's priorities drive local police force activity and hold chief constables to account on action taken locally. As well as their core policing role, PCCs will have a remit to cut crime and anti-social behaviour and will have commissioning powers and funding to enable them to do this with partners. They will need to work collaboratively with other local leaders – including establishing strong links with Health and Wellbeing Boards, Clinical Commissioning Groups and local authorities – to develop common causes with partners on a range of crime and health issues and achieve the most effective community safety and criminal justice outcomes for communities.

3.2 These local structures will provide mechanisms to ensure that the needs of all populations, and all issues, are considered, from the health of the population through to community safety and the needs of offenders or those dependent on alcohol. Local areas should ensure commissioning for drugs and alcohol services has the right representation, accountability and engagement to deliver on these broad aims.

Changing behaviour at the local level

3.3 Over the last few years, town centres have become increasingly focused on the night time economy and, as a result, we have seen a growth in licensed premises. Areas such as Durham, and schemes such as Best Bar None, Purple Flag, Community Alcohol Partnerships, Pubwatch and Business Improvement Districts across the country have shown that a thriving and growing night time economy can operate where excessive drinking is tackled consistently and robustly by business, the police and local authorities working together.

- 3.4 It is up to local communities to set the standards and behaviours that they want to see in their surrounding area. This is why we have radically reformed our approach to policing with the introduction of directly elected PCCs, and to licensing through the Police Reform and Social Responsibility Act 2011. This gives power back to local agencies for local alcohol issues and more control over the opening and closing hours of local businesses to stop crime and disorder from stretching into the early hours of the morning.
- 3.5 We are giving local areas powers to take firm action to address the harms from alcohol and, if necessary, close down problem premises. From 25 April 2012, licensing authorities and local health bodies will formally become 'responsible authorities' under the Licensing Act 2003, ensuring that they are automatically notified of an application or review, and can more easily instigate a review of a licence themselves. At the same time, new powers will make it easier to refuse, revoke or impose conditions on a licence by reducing the evidential threshold from 'necessary' to 'appropriate', thereby making it easier to challenge irresponsible businesses.
- 3.6 Individuals and local communities will also have more power to input into decisions locally. The vicinity test on licensing will be removed, meaning that anyone – no matter where they live – will be able to input into a decision to grant or revoke an alcohol licence, not just those that live in the immediate vicinity. From October 2012, extended powers to make Early Morning Restriction Orders (EMROs) will enable local areas to restrict alcohol sales late at night if they are causing problems.
- 3.7 There is evidence of a link between the number of venues selling alcohol in one area and levels of harm, whether this is crime, damage to health, or harm to young people¹³. We therefore believe local communities should be able to limit the density of premises where this is contributing to the major types of harm. Cumulative Impact Policies (CIPs) can do this to tackle certain issues, but we want to go further and will amend the statutory guidance on the Licensing Act 2003 to make clear that CIPs apply to both the on-trade and the off-trade and that licensing authorities can reflect the needs of their local area by using measures such as fixed closing times, staggered closing times and zoning where they consider them to be appropriate. We will also strengthen local powers and the public's ability to control the density of premises by making it easier to introduce CIPs by reducing the burden of evidence on licensing authorities when making their decision.
- 3.8 We want to go further and ensure local action on alcohol is even more open and transparent to the public. Police.uk provides communities across England and Wales with street-level crime and anti-social behaviour information, including those occurring on or near a number of key public spaces, hospitals, nightclubs and supermarkets. From May 2012, this will include information on what happens after crimes are recorded occurring in those places, for example information on the action

¹³ Popova, S., Giesbrecht, N., Bekmuradov, D. and Patra, J. (2009) Hours and days of sale and density of alcohol outputs: Impacts on alcohol consumption and damage: A systematic review. *Alcohol & Alcoholism*. Vol. 44, No. 5, pp500-516

taken by the police or the sentence imposed by the court. Locally, some areas may publish even more detailed information, such as details of those individuals subject to Drinking Banning Orders (DBOs).

- 3.8 As part of our reforms to encourage greater community involvement in local alcohol licensing decisions, from April 2012, we will require licensing authorities to publish locally key information about new licensing applications, including details of the address of the relevant premises and guidance on how to make representations to the licensing authority. We will pilot how to provide further information on crime occurring on or near local alcohol hotspots as well as trialling publication of further licensing data online. This could include, for example, work with local authorities to encourage publication of licence conditions for premises online so that the public know what they are and can report when conditions are being broken or information on irresponsible licensed premises whose failure to tackle drunken behaviour results in hospital admissions.

Challenge and enforcement

- 3.9 Communities should not have to tolerate alcohol-related crime and disorder. Almost a quarter (24%) of the public think that drunk or rowdy behaviour is a problem in their local area¹⁴. Individuals should not expect to be able to ignore their responsibilities when drunk. We will ensure local agencies and the police have the powers to make those who cause harm face the consequences of their actions.
- 3.10 Local services already have access to a wide range of tools and powers to challenge those that cause harm to themselves and others. We expect the police and local authorities to take quick and firm action to tackle and punish those premises and individuals that are acting irresponsibly and to protect the most vulnerable in our communities. Proactive visible policing is vital to managing the night time economy – nipping bad behaviour in the bud and setting the tone locally. In many areas the police play a preventative role – focusing targeted effort to reduce problems to prevent the need for greater action later on. The need for an increased police presence on the streets at night to manage the problems from alcohol can put pressure on local resources. From October 2012, a new late night levy will empower local areas to make those businesses that sell alcohol late into the night contribute towards the cost of policing and wider local authority action. This will help enable visible and proactive policing at targeted locations where there are local needs.
- 3.11 We are also making sure local areas have strong powers to protect the vulnerable. We are doubling the maximum fine for persistently selling alcohol to a person under 18 to £20,000 and making it easier to close down premises found to be persistently selling alcohol to young people. The police also have powers to seize alcohol from young people under the age of 18 and can prosecute a further offence of persistently possessing alcohol in a public place. We are working with the Sentencing Council

¹⁴ Chaplin, R., Flatley, J. and Smith, K. (2011) *Crime in England and Wales 2010/11*. Home Office Statistical Bulletin 10/11. London: Home Office.

and others in the criminal justice system to encourage greater use of existing powers to prosecute and sentence those that have committed the persistent sales offence.

3.12 Where we identify that tools and powers are being used insufficiently, we will work with the police and others to change this. For example, it is an offence, under the Licensing Act 2003, to knowingly serve alcohol to a drunk but there were only three convictions for this offence in 2010. This could send a powerful message locally and we will work with the police to tackle the issue of serving alcohol to drunks including exploring how greater use can be made of existing powers and how test purchasing can support this.

3.13 Where local communities think tools are not targeted or effective enough, we will give the police and local partners faster and more flexible powers to tackle local problems. We know, for example, that increasing numbers of licensing teams are now made up of Police Community Support Officers (PCSOs) and support staff and will therefore explore the benefit of an additional discretionary power for PCSOs to enter licensed premises (Section 179 of the Licensing Act 2003) to support the enforcement of licensing locally. We will also tackle problem drinking through our reforms to anti-social behaviour tools and powers.

Rights and responsibilities

3.14 A&E departments can be a particular flashpoint for those who have drunk to excess, causing fear and distress to others awaiting and administering treatment. We should not tolerate any violence or disorder in hospitals and will make a range of measures available to tackle this unacceptable behaviour.

3.15 We will support NHS Trusts and Foundation Trusts to work with their local police to ensure that appropriate action is taken, including through hospital security staff being empowered through the Community Safety Accreditation Scheme. Under this scheme, accredited staff can be given powers to issue Penalty Notices for Disorder (£80 fines) to those individuals whose drunken behaviour is likely to cause harassment, alarm or distress. They can also take action against the consumption of alcohol in a designated public place. Some hospitals have found it effective to place police officers in A&Es. We would encourage forces to look at this model and consider using late night levy funding to support such a role according to local needs.

3.16 Those who seek treatment in A&E departments must respect their surroundings or lose their right to the same service standards as others. The NHS Constitution sets a maximum waiting time for A&E departments of four hours but recognises that abusive or violent behaviour would be reasonable grounds to refuse access to NHS services, meaning staff can refuse to treat drunks who are abusive in A&E. We will go even further to tackle violence against hospital staff. We are developing new injunctions as part of our reforms to anti-social behaviour tools and powers and we will explore giving NHS Protect (the body that leads work to identify and tackle crime across the health service) the power to apply for these injunctions. This would give the NHS the ability to deal with individuals who persistently cause a problem in hospitals, for example those who are regularly drunk and abuse staff.

- 3.17 We are also giving local areas new powers to take firm action against irresponsible premises which fail to tackle drunken behaviour. From 25 April 2012, licensing authorities and local health bodies will formally become 'responsible authorities' under the Licensing Act 2003. For the first time, local health bodies will be able to instigate a review of a licence. This means that a hospital that is regularly dealing with patients at A&E as a result of alcohol-related violence at a particular pub will now be able to instigate a review of the licence at those premises. If things do not improve, we would expect the premises to lose their licence.
- 3.18 It is vital that licensing authorities are able to take health-related harms into consideration in decisions on Cumulative Impact Policies (CIPs). This is a current gap and could make an important contribution to local wellbeing, including in deprived communities that are suffering health inequalities. We will therefore launch a consultation on a new health-related objective for alcohol licensing related specifically to cumulative impact. This will enable health bodies to input into decisions on applications for new licences, so that local health harms, including those seen in A&E departments, are a key factor in deciding whether a new licence is granted.
- 3.19 We will also end the notion that drinking is an unqualified right without any associated sense of responsibility. We will run innovative trials of enforced sobriety schemes making use of existing powers as part of Conditional Cautions and community sentence orders, for people convicted of alcohol-related crimes. The Conditional Caution scheme will focus on lower level offences such as drunk and disorderly, criminal damage and public disorder. The pilot areas for the conditional caution scheme will be Westminster, St. Helens, Hull, Plymouth and Cardiff. Later this year, we also intend to pilot compulsory sobriety measures for community orders which will focus on more serious offences such as common assault and actual bodily harm. We are also introducing new powers on sobriety in the Legal Aid, Sentencing and Punishment of Offenders Bill.
- 3.20 Through the trials, we intend to test both the use of breathalysers and specialist electronic tags which monitor alcohol levels to determine what forms of monitoring are most suitable in terms of effectiveness, enforceability and cost. We have already commenced testing this innovative tagging equipment as this will be the first time that it has been trialled for these purposes in this country.

Working across boundaries

- 3.21 None of this can be achieved by one agency or service alone. The factors contributing to harmful alcohol use are complex and vary significantly from place to place. Effective partnership work to reduce and prevent alcohol-related harm will contribute to a range of other local priorities including improving wellbeing, especially that of young people; reducing crime and disorder; reoffending; improving health; and also supporting the local economy. The Alcohol Learning Centre¹⁵ summarises advice on effective local partnerships. In her recent report, Baroness Newlove¹⁶ set out how the Government is investing £1million to help local agencies, businesses

¹⁵ <http://www.alcohollearningcentre.org.uk>

and, crucially, local people in ten areas to come together and tackle problem drinking head on. The fund is being provided by the Department for Communities and Local Government and the work will be led by Baroness Newlove.

3.22 Good information sharing is critical if local partners are to understand the scale and range of the problems locally, identify vulnerable groups who are likely to be at higher risk of alcohol-related harm and identify priorities for action. The Coalition Programme for Government included a commitment to require hospitals to share non-confidential information with the police, so they know where gun and knife crime is happening. The implementation of this commitment focuses on all types of violent assault – many of which are alcohol-related. To deliver this commitment, we have promoted the College of Emergency Medicine guidance which is based on the ‘Cardiff model’. This sets out the importance of sharing non-personal data with the police, particularly core information on the date, location and type of assault. It highlights the important role of senior clinical, police and local authority leadership in promoting active use of the intelligence to target policing and tackle problem premises.

3.23 In Cardiff, this approach has shown a sustained reduction of violence-related attendances of up to 40%¹⁷. We will encourage all hospitals to share non-confidential information on alcohol-related injuries with the police.

Evidence based action on health harms

3.24 Local Authorities and Clinical Commissioning Groups will need to work together to meet local needs as identified in the Joint Strategic Needs Assessment. Funding through the Public Health Grant will allow local authorities to commission Identification and Brief Advice, which is proven to be effective in reducing the drinking of people at risk of ill health, and specialised treatment for those with greater needs. Alcohol liaison nurses within A&E have been shown to reduce re-presentations and may in future be co-funded by Clinical Commissioning Groups alongside Local Authorities.

3.25 Local areas should work in partnership to support as much integration across clinical pathways as possible, maximising the scope for early interventions and secondary prevention. Working in partnership will allow the needs of specific groups, such as offenders, to be adequately addressed.

3.26 The *Liberating the NHS* White Paper and the NHS Future Forum’s recent report made clear that the NHS will continue to have a responsibility to take every opportunity to prevent poor health and promote healthy living, including healthier choices on alcohol, by making the most of healthcare professionals’ contact with individual patients. The NHS Future Forum working group on the NHS Constitution will consider this as part of its work on strengthening the Constitution.

¹⁷ Florence, C., Shepherd, J. Brennan, I. and Simon, T. (2011) :‘Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. British Medical Journal 2011

ACTIONS: We will ensure that local areas are able to tackle local problems and will:

- Give local agencies powers to reduce alcohol harm through the changes to public health, new Police and Crime Commissioners, and by rebalancing the Licensing Act.
- Give local communities the tools to restrict alcohol sales late at night, if they are causing problems, through extended powers to introduce Early Morning Restriction Orders.
- Give local communities the power to introduce a new late night levy to ensure those businesses that sell alcohol into the late night contribute towards the cost of policing.
- Work with 5 areas to pilot sobriety schemes, removing the right to drink for those who have shown they cannot drink responsibly.
- Strengthen local powers to control the density of premises licensed to sell alcohol, including a new health-related objective for alcohol licensing for this purpose.
- Work with Baroness Newlove, investing £1m to help local agencies, businesses and local people come together and tackle problem drinking head on.
- Pilot how to provide further information on crime occurring on or near local alcohol hotspots as well as trialling publication of further licensing data online.
- Develop new injunctions as part of our reforms to anti-social behaviour tools and powers and explore giving NHS Protect the power to apply for these injunctions.
- Encourage all hospitals to share non-confidential information on alcohol-related injuries with the police and other local agencies.

4. Shared responsibility with industry

4.1 The alcohol industry and wider retail and hospitality industries play a key role in our economy. Of the 200,000 premises licensed to sell alcohol, most make a positive and valuable contribution to their local communities and to the economy with wider tourist, cultural and export benefits. Well-run and responsible community pubs form an important component of the social fabric of our communities and such supervision of drinking can help prevent crime and disorder.

4.2 However, too much of the industry still supports and encourages irresponsible behaviour through poor product location, under age sales, excessively cheap drinks and encouragement of excessive drinking. We have already set out in Chapter Two the action that the Government will take to put an end to irresponsible practices. The Government is clear though that this responsibility is shared with industry and wants industry to go significantly further on action to tackle the harms of excessive alcohol consumption.

Industry's responsibility to change behaviour

4.3 We are clear that it is not just the responsibility of Government or local agencies to tackle the issue of alcohol-related harm. It is the ethical responsibility of the entire industry – alcohol retailers, alcohol producers and both the on-trade and off-trade – to promote, market, advertise and sell their products in a responsible way. This is recognised by the major alcohol producers, who have established the Portman Group as a self-regulator. We are working with the industry in collaboration with Non-Governmental Organisations (NGOs) through the Responsibility Deal, which does not cover pricing issues or other measures that only Government can take.

4.4 The alcohol industry has a direct and powerful connection and influence on consumer behaviours. We know that:

- people consume more when prices are lower;
- marketing and advertising affect drinking behaviour; and
- store layout and product location affect the type and volume of sales.

4.5 Through the Responsibility Deal, the alcohol industry has adopted a core commitment to “foster a culture of responsible drinking, which will help people to drink within guidelines”. We have a way to go to achieve that culture, as 22% of people say they drink regularly above the guidelines. Industry have already taken action by making pledges in a range of areas:

- Product labelling on unit content, NHS guidelines and drinking when pregnant to cover 80% of products by December 2013;
- Unit messaging in the on-trade and off-trade;
- Combating under age sales through Challenge 21 and 25;
- Funding Drinkaware;
- Actions on advertising, including not putting adverts near schools; and
- Supporting Community Alcohol Partnerships (CAPs) and other local schemes.

4.6 Some individual companies have demonstrated particular leadership, by making additional individual pledges including:

- Heineken in reducing the number of units in popular products;
- ASDA in not stacking alcohol at the front of their stores;
- Diageo in supporting training provided by the National Organisation for Fetal Alcohol Syndrome for 10,000 midwives to advise a million women over the next three years about the dangers of drinking during pregnancy; and
- Support of local schemes such as Best Bar None and Community Alcohol Partnerships (CAPs).

4.7 The Responsibility Deal has made good progress though industry, NGOs and the Government have consistently accepted that we need to make more progress, more quickly. We will therefore continue to work with producers, retailers and NGOs to help reshape how people drink and how they think about alcohol in support of the core commitment.

4.8 We welcome the new pledge from industry to give consumers a wider choice of lower strength products in both the on-trade and the off-trade to take one billion units out of the market by 2015. This will bring significant benefits for public health, reduce crime and demonstrates the positive contribution that industry can make.

4.9 The Responsibility Deal Alcohol Network, which includes industry and NGOs, will seek to make further progress in the following areas:

- Giving consumers better information on their consumption by extending the Responsibility Deal agreement on labels to include calorie content;
- Incentivising smaller servings by providing single / small measures as the default and only providing large measures when specifically requested;
- Providing clearer information about unit content, subject to any revised drinking guidelines; and
- Changing the ease of availability of alcohol through responsible product placement, for example ensuring that alcohol sold in shops is not sold alongside any product that appeals to children.

4.10 Subsequently, we would expect to see progress on:

- Delivery of evidence-based, effective education and prevention programmes intended to reduce drinking by young people;
- Better training for bar staff to reduce sales to people who are drunk;
- Workplace alcohol education and prevention programmes;
- A major extension of schemes such as CAPs, Best Bar None, Purple Flags and Business Improvement Districts including a new focus on health and wellbeing;
- A long-term commitment (through to 2020) to an increased scope and funding for Drinkaware, including how it can best direct interventions to the target groups. There is a strategic review this year of Drinkaware and the Government will participate to seek to maximise its effectiveness and accountability; and
- Harnessing the power of industry's own advertising to link positive and responsible behaviour to decisions on the consumption of alcohol. We will work with the Portman Group to ensure their Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks is robust, and that it actively encourages advertising which builds more positive associations (for example, between alcohol and

positive socialising) instead of negative ones (for example, between alcohol and wild, disinhibited behaviour).

Supporting growth and responsible businesses

- 4.11 We are committed to freeing up responsible industries and supporting positive growth. It is estimated that the alcohol industry contributes around £29 billion to the UK's economy. In total, it is estimated that, over 1.8 million jobs in the UK economy are supported by the alcohol industry¹⁸.
- 4.12 We know that growth and responsibility can exist well together. The Government strongly endorses and welcomes self-regulating and pro-active initiatives, driven by the licensed trade in partnership with the police and local authorities. In particular, licensed premises receiving Best Bar None accreditation; town and city centres achieving Purple Flag status; and Business Improvement Districts are good examples of what can be achieved through a determination to make a difference.
- 4.13 As well as sending out clear messages that crime and disorder will not be tolerated in pubs, clubs and wider locations, these and other improvement schemes have been proven to increase footfall and stimulate business. For example, over the three year period of taking part in a Best Bar None scheme in Durham, licensees have reported an estimated 75% cumulative increase in trade; a 50% increase in town centre footfall and an expected 87% reduction in violent crime.

Cutting red tape

- 4.14 We see no merit in making responsible businesses jump through unnecessary hoops, but equally we need to maintain the integrity of the licensing system to protect society from those irresponsible businesses that exploit loopholes to gain business at any cost, regardless of the risks to the individual and to society. We therefore intend to seek views on giving licensing authorities greater freedom to take decisions that reflect the needs of their local community, including:
- Allowing them to introduce simpler, locally-determined processes for issuing a Temporary Event Notice (TEN); and increasing the current limit for TENs that can be used at single premises from 12 to 15 or 18, to enable occasional sales of alcohol at community events;
 - Reducing the burden of licensing on certain types of businesses that provide minimal alcohol sales and are not impacting on crime and disorder, for example by removing the need for some premises to hold a personal licence; and
 - Giving local areas more flexibility over the licensing of late-night refreshments at premises where alcohol is not sold, enabling them to determine locally where such a licence is necessary.

¹⁸ The economic outlook for the UK drinks sector and the impact of the changes to excise duty and VAT announced in the 2008 Budget and Pre-Budget Report, Oxford Economics (February 2009).

We will drive greater industry responsibility and action in tackling alcohol misuse.

We will:

- Challenge the industry to meet a new set of commitments to drive down alcohol misuse.
- Continue work through the Responsibility Deal to support the alcohol industry to market, advertise and sell their products in a responsible way and deliver the core commitment to “foster a culture of responsible drinking, which will help people to drink within guidelines”.
- Cut red tape for responsible businesses by giving licensing authorities greater freedom to take decisions that reflect the needs of their local community.
- Continue work with industry on areas such as calorie labelling, not serving people when drunk and a renewed commitment to Drinkaware.

5. Supporting individuals to change

5.1 There is no ‘one size fits all’ solution to tackle excessive alcohol consumption and we have already set out the wide range of action that Government, local agencies and the industry should take to achieve this in the preceding chapters. Ultimately, individuals need to take control of and change their behaviours – though some may need help to do so. We know that:

- 83% of those who regularly drink above the guidelines do not think their drinking is putting their long term health at risk¹⁹;
- Whereas most smokers wish to quit, only 18% of people who drink above the lower-risk guidelines say they actually wish to change their behaviour; and
- External and environmental factors can hugely influence – positively and negatively – the amounts that individuals or groups of the population drink and the ways they drink.

5.2 This chapter sets out how we can support individuals to change by:

- Ensuring everyone is aware of the risks of excessive alcohol consumption and can make informed choices about responsible drinking; and
- Recognising that some people will need support to change their behaviour and ensuring that this is available, particularly for the most vulnerable in our communities.

Understanding the risks

5.3 Drinking patterns change as individuals move through life, in response to changing social groups, partners, family, or work pressures. Life events such as becoming a parent, divorce, bereavement, or a health scare may influence drinking patterns and can affect people in different ways.

5.4 Drinking too much too soon is a significant risk to young people’s health and development. Most children under 16 (55%) have never drunk alcohol²⁰. However, despite declining rates of drinking in the last decade, the UK compares poorly with other European countries for drinking by 15-16 year old students in regular European surveys and we cannot be complacent²¹. The Chief Medical Officer for England’s 2009 guidance that young people under 15 should not drink alcohol at all is based on the fact that young people who start drinking alcohol at an early age drink more frequently and more than those who start drinking later; as a result, they are more likely to develop alcohol problems in adolescence and adulthood. We will ensure that young people know the risks associated with alcohol by making it a key feature of a new £2.6 million youth marketing programme aimed to drive further reductions in regular smoking, drinking, drug use and risky sexual behaviour during the teenage years.

¹⁹ Social marketing data, Department of Health (unpublished).

²⁰ Fuller, E. (2011) Smoking, drinking and drug use among young people in England in 2010, Information Centre for Health and Social Care.

²¹ Hibell, B. (et al) The 2007 ESPAD report. Substance use among students in 35 European countries.

- 5.5 We will support those that have the greatest influence on young people to promote healthy drinking. Parenting style is a key influence on whether a child will drink responsibly in adolescence and adulthood but only 17% of parents have a planned conversation with their child about the harm alcohol can cause²². As Baroness Newlove set out in her recent report, parents need to take proper account of the impact of how they behave on their children's attitudes to alcohol as they grow up and become adults themselves. We will ensure that guidance is available for parents through a range of public and community organisations including; NHS Choices, Directgov, Family Lives and NetMums, Mumsnet, Dad Talk, and Contact a Family.
- 5.6 The Government is investing £448 million to turn around the lives of the 120,000 most troubled families in the country. Working with local authorities, we will support them into education and employment and tackle their criminal and anti-social behaviour. A significant number of these families will have other problems including alcohol dependence, mental illness, domestic abuse, poor parenting and long-term benefit dependence. These families are not beyond help and their lives can be turned around with co-ordinated and intensive support.
- 5.7 Good schools play a vital role as promoters of health and wellbeing in the local community. They understand the connections between pupils' physical and mental health, their safety, and their educational achievement, and are well placed to provide good pastoral care and early intervention for problems which may arise from, or lead to, alcohol misuse. The Government's review of Personal, Social, Health and Economic (PSHE) education is focused on improving the quality of PSHE in all schools and its core outcomes. This will include exploring how schools can better decide for themselves what pupils need to know, in consultation with parents and others locally. Schools and out-of-school services will also be able to access information about effective alcohol prevention programmes through the Centre for the Analysis of Youth Transitions (CAYT).
- 5.8 Supportive relationships, strong ambitions and good opportunities are key protective factors against early drinking and young people's misuse of alcohol. These are the key elements of the vision set out in Positive for Youth, which brings together all Government youth policy into a single plan. Assessment of local need through the Joint Strategic Needs Assessment and integrated commissioning and cross-sector partnership will be critical in ensuring young people get early help and advice from practitioners and services they trust, such as youth organisations. Young people's involvement will be key in shaping effective local support.
- 5.9 Up to one-third of alcohol-related A&E attendances are for under 18 year olds and local areas vary significantly in how they approach the care of young people in this situation²³. Health services have a responsibility to ensure this 'treatable moment' is used to advise young people about their drinking. The Department of Health will also work with practitioners, the Royal Colleges and the Association of Directors of Children's Services to develop a model that ensures young people who attend A&E

²² Williams, B., Davies, L. and Wright V. (2010) Children, Young People and Alcohol. Department for Children, Schools and Families.

²³ Data from East Midlands Public Health Observatory (unpublished).

due to alcohol receive proper follow-up and care, including their parents being informed, where appropriate. A recent report has highlighted the opportunities for sexual health services to help tackle alcohol misuse, given the strong links between drinking and poor sexual health in the young²⁴. The Department of Health is piloting interventions which provide alcohol advice in sexual health clinics.

- 5.10 More people under the age of 25 report getting very drunk than any other adult age group²⁵ and around 50% of students drink more than the lower-risk guidelines²⁶. Under 25s also have the highest risk of being a victim of violent crime²⁷. There have been some good examples of how to make appropriate information easily accessible for young adults such as Drinkaware's "Why let good times go bad?" campaign and we expect to see more campaigns such as this in the future.
- 5.11 We expect universities to play a key role in helping students to understand and act on the risks of excessive alcohol consumption and ensure that an environment of subsidised bars does not unduly promote drinking. Drinkaware is also funding research in Welsh universities based on the use of 'social norms' - perceptions that a peer group drinks more than is the reality can be countered with information on real (lower) drinking levels. We want to do all we can to ensure that we are not bringing up a generation who believe that you can't have fun without alcohol.
- 5.12 Around a third of adult men (25-64) and a fifth of women in the same age group say they drink at levels above the lower-risk guidelines. Moreover, 8% of men and 4% of women in this age group admit to drinking at levels more than twice the lower-risk guidelines²⁸. Many in this age group are parents, whose excessive parental drinking will be a risk to their children. It has become acceptable to develop a habit of routinely using alcohol for stress relief, putting many people at risk of chronic diseases, such as liver disease; diabetes; cardiovascular disease; and cancers of the breast and gastrointestinal tract. The latest estimate is that up to 70,000 people could die avoidably over the next twenty years if the wrong actions are taken.
- 5.13 We are already taking significant steps to address this. In February 2012, we launched a fully-integrated Change4Life²⁹ campaign to communicate the health harms of drinking above the lower-risk guidelines and provide a range of tips and tools to encourage people to drink responsibly. The campaign was based on the insights around how people use alcohol to unwind, and that what starts off at one glass can all too easily become more. The television adverts are backed up by posters for offices and public places, and leaflets for NHS staff to use with patients.

²⁴ Alcohol and sex: a cocktail for poor sexual health, Royal College of Physicians and British Association for Sexual Health and HIV, December 2011.

²⁵ Matthews, S. and Richardson, A. (2005) Findings from the 2003 Offending, Crime and Justice Survey: alcohol-related crime and disorder. Home Office Research Findings 261. Home Office: London.

²⁶ Gill, J. S. (2002) Reported levels of alcohol consumption and binge drinking within the UK undergraduate student population over the last 25 years. Alcohol and Alcoholism.

²⁷ Chaplin, R., Flatley, J. and Smith, K. (2011) *Crime in England and Wales 2010/11*. Home Office Statistical Bulletin 10/11. London: Home Office.

²⁸ Office of National Statistics (2011). Smoking and drinking among adults, 2009. A report on the General Lifestyle Survey.

²⁹ <http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>

Our intention is to extend this social marketing campaign, if the evidence shows the campaign improves health outcomes and is good value for money.

- 5.14 To support this further, we will ask Dame Sally Davies, the UK Government's Chief Medical Officer, to oversee a review of the alcohol guidelines for adults. This will also take account of available science on how we can best communicate the risks from alcohol, improving the public's understanding of both personal risks and societal harms. This will include whether separate advice is desirable for the maximum amount of alcohol to be drunk in one occasion and for people over 65. This could complement the existing guidelines for young people and women who are pregnant or trying to conceive.
- 5.15 Fetal alcohol spectrum disorders (FASD) result from mothers drinking alcohol during pregnancy. They are lifelong conditions that can have a severe impact on individuals and their families - leading to a wide range of difficulties including low IQ, memory disorders, attention disorders, speech and language disorders, visual and hearing defects, epilepsy and heart defects. They are caused entirely by drinking during pregnancy, and so are completely preventable. We do not have good information about the incidence of FASD, so it is likely that significant numbers of children are not diagnosed. FASD can be caused by mothers drinking even before they know they are pregnant; so preventing them is strongly linked to reducing the levels of heavy drinking in the population as a whole, and especially among women. We will also continue to raise awareness of the need for women who are pregnant or trying to conceive to avoid alcohol, including by increasing the awareness of health professionals.
- 5.16 There are real opportunities, often under-exploited, for health services to identify those at risk and provide advice and support to those that need it, whether via regular contact with NHS staff, or in particular settings such as A&E, through well evidenced brief interventions. Identification and Brief Advice (IBA) is a simple intervention aimed at individuals who are at risk through drinking above the guidelines, but not typically seeking help for an alcohol problem. IBA has been proven to reduce drinking, leading to improved health and reduced calls on hospital services. At least one in eight at-risk drinkers reduce their drinking as a result of IBA. The National Institute for Health and Clinical Excellence (NICE) recommends that NHS health professionals routinely carry out alcohol screening as an integral part of their practice, focusing on groups at increased risk.
- 5.17 The Department of Health will include alcohol identification and any subsequent brief advice needed within the NHS Health Check for adults from age 40 to 75 for the first time from April 2013. It will also look at the data from the recently published Screening and Intervention Programme for Sensible Drinking (SIPS) research to see if it can support further action by GPs via the Quality and Outcomes Framework.
- 5.18 We also encourage Local Authorities, newly responsible for public health, to examine the strong case for further local investment in IBA by primary care staff, using the evidence set out in reports from the SIPS research.

5.19 Alcohol Liaison Nurses offer a vital NHS contribution to secondary prevention, improving the future health of patients, including those who enter hospital with severe alcohol problems and multiple health problems. We encourage all hospitals to employ Alcohol Liaison Nurses to provide:

- Medical management of patients with alcohol problems in the hospital;
- Liaison with community alcohol and other specialist services;
- Education and support for other healthcare workers in the hospital; and
- Delivery of IBA within the hospital with a focus on key groups, including pregnant women.

5.20 Alcohol is known to be a driver in some cases of domestic violence. Ending violence against women and girls, including domestic violence, is a priority for this Government. Last year the Government published the Call to End Violence Against Women and Girls which set out how we will achieve this. A detailed range of supporting actions was updated this month³⁰ including ensuring that front-line practitioners are equipped so that they can respond appropriately to perpetrators and victims. Understanding how the use of drugs and alcohol can potentially increase the frequency and severity of violence is key to this. We expect all areas to implement the recent NICE guidance and a quality standard on the management of harmful drinking and alcohol dependence³¹.

Treatment and recovery

5.21 It is vital that we provide effective treatment and recovery. The Government's Drug Strategy sets out how we are raising the ambition to support full recovery for those suffering from addiction, including alcohol. Increasing effective treatment for dependent drinkers will offer the most immediate opportunity to reduce alcohol-related admissions and to reduce NHS costs. Treating alcohol dependence, where successful, has also been shown to prevent future illnesses.

5.22 Around 31,000 (33%) of adults in alcohol treatment are parents with childcare responsibilities. A further 20% are parents whose child lives elsewhere³². Local treatment services and children's and family services are increasingly working together – as part of a wider team around the family – to identify and respond to alcohol-related problems. Evidence shows that Family Intervention Projects (FIPs) are effective in tackling these families' entrenched problems including a 34% reduction in drug and alcohol problems, 58% reduction in anti-social behaviour and over 50% reduction in truancy³³.

5.23 Recovery goes beyond medical or mental health issues to include dealing with the wider factors that reinforce dependence, such as childcare, housing needs, employability and involvement in crime. The Government's Drug Strategy sets out how we are working with eight pilot areas developing approaches to paying for

³⁰ Home Office (2012) Call to end violence against women and girls. Taking Action - the next chapter

³¹ www.guidance.nice.org.uk/

³² Data from National Alcohol Treatment Monitoring System, National Treatment Agency (unpublished).

³³ Monitoring and Evaluation of Family Intervention Projects and Services to March 2011.

outcomes for recovery from drug or alcohol dependency. They all plan to commission services from April 2012.

Mental Health

5.24 There is a clear association between having a mental illness and increasing risk of alcohol dependence – if you drink too much, you put your mental health at risk. If you have a mental health problem, you are more likely to drink at levels that put your health at risk. For children, emotional and mental health problems are associated with the misuse of alcohol. Promoting good mental health in children and adults can help prevent alcohol misuse. Parenting programmes and prevention programmes for children can both help, particularly when problems are identified early.

5.25 We will publish the implementation framework for No Health Without Mental Health, the Government's mental health strategy, soon. It will set out what local organisations can do, and what Government and national organisations are doing to support them in the promotion of good mental health and wellbeing, as well as in the treatment of mental illness, including dual diagnosis (co-existing mental health and drug and alcohol problems).

Offenders

5.26 Alcohol contributes to too many crimes. Almost a million (44% of the total) violent crimes are alcohol-related³⁴. There is a high prevalence among the offender population of drinking at higher risk levels, both among adults and young offenders. We need to ensure that entry into the criminal justice system punishes offenders but also provides an opportunity to provide support to overcome alcohol problems and prevent further offending.

5.27 Areas are advised to identify and address problems as early as possible by identifying treatable stages throughout the criminal justice pathway. To support local areas we will produce a cost-benefit analysis to make the case for local investment in alcohol interventions and treatment services for offenders. We will use the learning from evaluations of the eight pilot areas (those developing approaches to paying for outcomes for recovery from drug or alcohol dependency) to inform a potential Payment by Results approach to alcohol treatment for offenders.

5.28 Prisons are important places for rehabilitation and tackling dependency and we will develop, by July 2012, an alcohol interventions pathway and outcome framework in four prisons, to inform the commissioning of a range of effective interventions in all types of prison. From April 2013 the NHS Commissioning Board (NHSCB) will be responsible for commissioning health services and facilities for those in prisons and other places of prescribed detention. This will support the work at a national and local level to prevent and reduce alcohol related ill health and reoffending in the prison population.

³⁴ Chaplin, R., Flatley, J. and Smith, K. (2011) *Crime in England and Wales 2010/11*. Home Office Statistical Bulletin 10/11. London: Home Office. Supplementary Tables 7 <http://www.homeoffice.gov.uk/science-research/research-statistics/crime/crime-statistics/bcs-supplementary-tabs/>.

5.29 We will increase the flexibility of the Alcohol Treatment Requirement imposed by the court as part of a community sentence so areas can tailor treatment to target more serious alcohol-related offending problems. We have consulted on reforms on anti-social behaviour, including a new civil order which could require individuals to undertake positive activities to address underlying issues that may be driving their behaviour, for example by accessing alcohol treatment.

5.30 Many areas are providing an integrated approach to drug and alcohol arrest referrals, for example joint drug and alcohol workers in the police custody suite assessing the needs of offenders and signposting them to appropriate treatment services. Areas can currently, on the basis of local priorities, use the Drug Interventions Programme funding from the Home Office for both drug and alcohol arrest referral.

ACTIONS:

We will challenge people to change their behaviour by giving them the information and support they need. We will:

- Review the alcohol guidelines for adults so that people can make responsible and informed choices about their drinking.
- Integrate alcohol into the wider Change4Life brand for the first time and commit to an on-going social marketing campaign to communicate the health harms of drinking above the lower-risk guidelines.
- Include an alcohol check within the NHS Health Check for adults from April 2013.
- Support parents to have a real impact on their children's behaviour through our social marketing for young people.
- Invest £448 million to turn around the lives of the 120,000 most troubled families in the country, a significant number of which will have alcohol-related problems
- Develop a model pathway to reduce under 18 year olds' alcohol related A&E attendances.
- Develop an alcohol interventions pathway and outcome framework in four prisons, to inform the commissioning of a range of effective interventions in all types of prison.
- Increase the flexibility of the Alcohol Treatment Requirement imposed by the court as part of a community sentence.
- Produce a cost-benefit analysis to make the case for local investment in alcohol interventions and treatment services for offenders
- Work with pilot areas to develop approaches to paying for outcomes for recovery from drug or alcohol dependency.

Next Steps

This strategy sets out a clear commitment to address the harms of alcohol and encourage responsible behaviour. Individuals, communities, local agencies, local premises and national industries all have a role to play. Over the coming months we will launch consultations and take action forward on areas highlighted in the strategy. To keep up to date of these see <http://www.homeoffice.gov.uk/about-us/consultations/>.



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Home Office

A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour

November 2012

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Ministerial foreword

The majority of the people in this country enjoy a drink without causing trouble for those around them, but there is a significant minority who do not. Too many of our high streets and town centres have become no-go areas on a Friday and Saturday night because of alcohol-fuelled violent crime and anti-social behaviour.

It is responsible drinkers, businesses and the wider community who are paying the price in terms of crime and disorder on our streets, while alcohol-related injuries are clogging up our Accident and Emergency rooms.

The Government has already legislated for a wide set of reforms to tackle binge drinking and the corrosive effect it has on individuals and our communities. We have:

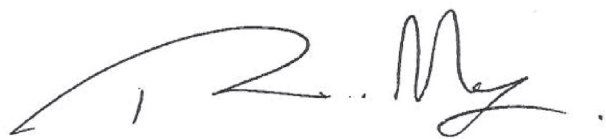


- Rebalanced the Licensing Act in favour of local communities – for instance by removing the ‘vicinity test’ to ensure that anyone – no matter where they live – can input into a decision to grant or revoke a licence;
- Introduced a late night levy – empowering local authorities to make those businesses that sell alcohol late at night contribute towards the cost of policing and wider local authority action; and
- Introduced the Early Morning Alcohol Restriction Order – enabling local areas to restrict the sale of alcohol late at night in all or part of their area if there are problems.

However we need to continue the work to tackle the drink fuelled antisocial behaviour and crime blighting our communities. So we are launching a 10 week consultation, seeking views on five key areas:

- A ban on multi-buy promotions in shops and off-licences to reduce excessive alcohol consumption;
- A review of the mandatory licensing conditions, to ensure that they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs;
- Health as a new alcohol licensing objective for cumulative impacts so that licensing authorities can consider alcohol related health harms when managing the problems relating to the number of premises in their area;
- Cutting red tape for responsible businesses to reduce the burden of regulation on responsible businesses while maintaining the integrity of the licensing system; and,
- Minimum unit pricing, ensuring for the first time that alcohol can only be sold at a sensible and appropriate price.

This is not about stopping the sensible, responsible drinking which supports pubs as part of the community fabric, creates thriving town centres, and provides employment and growth. The measures in our consultation are targeted explicitly at reducing harmful drinking, and we welcome your views on how we can jointly end the culture of excessive drinking that causes so much damage to our society.

A handwritten signature in black ink, appearing to read 'Theresa May', with a large, sweeping initial 'T' and a stylized 'M'.

The Rt Hon Theresa May MP
Home Secretary

1. Introduction

- i. Over the last decade we have seen a culture grow where it has become increasingly acceptable to be excessively drunk in public and for people to cause nuisance and harm to themselves and others. While there has been a welcome reduction in overall consumption of alcohol over the past few years, the costs to the NHS and rising deaths from liver disease are unacceptable. The majority of people who drink do so entirely responsibly, but too many people still drink to excess. The Government has committed to taking firm action to address this.
- ii. This consultation puts forward proposals and questions on five key areas set out in the Government's Alcohol Strategy ('the Strategy'), published on 23 March 2012:
 - the price level and mechanisms for a minimum unit price for alcohol;
 - introducing a ban on multi-buy promotions in the off-trade (see glossary);
 - reviewing the mandatory licensing conditions;
 - introducing health as a licensing objective for cumulative impact; and
 - reducing the burden of regulation on responsible businesses.
- iii. In the Strategy, the Government committed to introducing a minimum unit price. However, in other areas, this consultation seeks views on the introduction of policies. Respondents are asked about introducing a ban on multi-buy promotions in the off-trade (that is premises that are only authorised to sell alcohol for consumption off the premises, such as shops and off-licences) and the introduction of health as a licensing objective for cumulative impact policies. This consultation also forms part of the review of the mandatory licensing conditions (sometimes called the Mandatory Code) in relation to the sale of alcohol. It also asks about a number of proposals to reduce burdens on responsible business and support local growth.
- iv. These topics have been brought together into one consultation to minimise the burden on respondents. A glossary (chapter 12) has been provided to assist those respondents with the more technical terms that relate to the licensing regime. To support the consultation process, a series of meetings and events will be held with representatives of our main partners. Some of these meetings will focus on more technical matters that support the policy development process.
- v. The policies in this consultation are not about stopping responsible drinking or adding unnecessary burdens on business, but are about taking fast action to tackle the health and crime harms caused by excessive alcohol consumption. The policy context of these proposals is set out in the Strategy, which should be read alongside this document, as should the impact assessments related to the individual proposals. All these documents can be found on the Home Office website, www.homeoffice.gov.uk.

Turning the tide on irresponsibly priced alcohol

- vi. In 2010, £42.1 billion was spent on alcohol in England and Wales alone.³ Alcohol has been so heavily discounted that it is now possible to buy a can of lager for as little as 20p or two litre bottle of cider for £1.69. Behaviour has also changed, with increasing numbers of people drinking excessively at home, including many who ‘pre-load’ before going on a night out. There has been a 45% increase in purchasing alcoholic drinks for consumption in the home, from 527ml per person per week in 1992, to 762ml in 2010.⁴
- vii. There is extensive and consistent evidence that increasing the price of alcohol reduces consumption, leading to reductions in alcohol-related harms particularly around health.⁵ For instance, recent analysis of the effectiveness of ‘social reference pricing’ in a Canadian province found that a 10% increase in the minimum price of any given alcoholic product reduced its consumption by between 14.6% and 16.1%.⁶ This supports the Government’s intentions, as set out in the Strategy, to end the availability of the most irresponsibly priced alcohol, by introducing a minimum unit price, and to consult on the introduction of a ban of multi-buy promotions in the off-trade.

Tackling alcohol-related harms

- viii. Where possible, action to tackle problem drinking should be taken locally, by those who understand the problems that a particular community is facing. We have already taken significant steps to provide local communities with the powers and tools they need. A number of legislative changes came into force in April, such as reducing the evidential threshold under the Licensing Act 2003 (“the 2003 Act”) from ‘necessary’ to ‘appropriate’ so that it is easier for licensing authorities to review, revoke or impose conditions on a licence to sell alcohol.
- ix. Health considerations and agencies also have an important part to play in tackling alcohol-related harms. The Government has already given local health bodies ‘responsible authority’ status under the 2003 Act, ensuring that they are automatically notified of an application for, or review, of a licence. We now propose that licensing authorities should be able to take alcohol-related health harms into account when they make decisions on cumulative impact policies (CIPs). CIPs are an existing mechanism by which licensing authorities can take into account the potential impact on the statutory licensing objectives of a significant number of licensed premises concentrated in one area. Under the 2003 Act, licensing authorities must carry out their duties with a view to promoting the statutory licensing objectives, which are:
- the prevention of crime and disorder;
 - public safety;
 - the prevention of public nuisance; and
 - the protection of children from harm.

3 Clancy, G (2011). Consumer Trends Quarter 1 2011, No.60. Office for National Statistics.

4 Family Food Module of Living Costs and Food Survey (LCFS) 2010. Defra/ONS

5 For more information on the range of evidence on price and consumption and reduction in harms see pages 6-8 in the Minimum Unit Pricing Impact Assessment, published alongside this consultation and available on the Home Office website www.homeoffice.gov.uk.

6 Stockwell, T., Christopher Auld, M., Zhao, J. and Martin, J. (2012) Does minimum pricing reduce consumption? The experience of a Canadian province. (2012) *Addiction*. Volume 107. Pages 912-920.

- x. While the Government wishes to promote local decision making, there are circumstances when national action is appropriate to support the reduction of alcohol-related harms. As part of our commitment to reviewing the current mandatory licensing conditions in relation to the supply of alcohol, this consultation also invites views on the impact of those conditions on the promotion of the statutory licensing objectives. The Government is keen to ensure that the conditions are sufficiently targeting problems such as irresponsible promotions in pubs and clubs, and to consult on whether the mandatory licensing conditions should apply to all sectors involved in the sale of alcohol, when they are relevant.

Freeing up responsible businesses

- xi. The Government is committed to removing or reducing unnecessary regulatory burdens on business, where possible, to support local growth, including those stemming from the regulation of alcohol sales, late night refreshment and regulated entertainment.⁷ Millions of people work or volunteer in sectors affected by licensing. For example over 400,000 people hold personal licences, which enable them to authorise sales of alcohol. Well-run pubs and other businesses are an important part of the fabric of neighbourhoods and provide local employment opportunities.
- xii. Reforms earlier this year have already reduced the burden of licensing regulation. For example, temporary event notices (TENs) can now be submitted within the normal deadline of ten working days, and the Government has extended the maximum period of time that a TEN can have effect, making it easier for businesses and community groups to carry out licensable activities on an occasional basis. Since 1 October, the licensing requirements for live music have been significantly reduced.
- xiii. This consultation proposes a number of ways to reduce the burden of the licensing regime further, developing a more targeted, proportionate and flexible system that can support responsible growth while maintaining its integrity to protect individuals and society from irresponsible activities. Some were raised in the recent 'Red Tape Challenge' process: simplifying the TENs regime process further, reducing the burden on businesses making minimal alcohol sales and giving local areas greater flexibility on the licensing of late night refreshment. Other proposals go further, such as removing the requirement to advertise applications for, and variations, to licences in a local newspaper. As part of this consultation, we will also be considering how these proposals could affect licensing authorities, the police and other enforcement agencies.

⁷ The Government has consulted on proposals to deregulate entertainment licensing. The Government will publish its response to the consultation shortly.

2. About this consultation

Scope of the consultation

Topic of this consultation:	<p>This consultation invites views on five key issues set out in the Government's Alcohol Strategy published on 23 March 2012. These are:</p> <p>A minimum unit price for alcohol</p> <ul style="list-style-type: none">• The price level;• The mechanism for adjusting the price over time; and• The impact of a minimum unit price. <p>A ban on multi-buy promotions in the off-trade</p> <ul style="list-style-type: none">• Whether to introduce a ban on multi-buy promotions; and• The impact of such a ban. <p>Reviewing the mandatory licensing conditions</p> <ul style="list-style-type: none">• Views on the current set of mandatory licensing conditions;• Whether the current set of mandatory licensing conditions sufficiently targets problems such as irresponsible promotions in pubs and clubs; and• The application of the conditions to the on- and off-trade. <p>Health as a licensing objective for cumulative impact policies</p> <ul style="list-style-type: none">• Views on introducing health as a licensing objective for cumulative impact policies; and• The impact of such a licensing objective for cumulative impact policies. <p>Freeing up responsible businesses</p> <ul style="list-style-type: none">• Proposals to develop a more targeted, proportionate and flexible licensing regime that can support responsible growth while maintaining the integrity of the licensing system; and• The impact of these proposals on businesses and on the licensing objectives.
Scope of this consultation:	<p>The Government intends to introduce primary legislation to enable a minimum unit price for alcohol to be introduced but would like to hear views on the price level and related mechanisms.</p> <p>All measures in the consultation would require legislation.</p>
Geographical scope:	<p>This consultation applies to England and Wales. We continue to work closely with devolved administrations on a number of these proposals.</p>
Impact assessment (IA):	<p>Nine consultation stage IAs are published alongside this consultation document.</p>

Basic Information

Who is this consultation aimed at:	We are keen to hear from everyone who will be affected by these measures, including: members of the public who consume alcohol; those who live close to licensed premises; those who own or work in pubs, clubs, supermarkets and shops; criminal justice agencies; the police; local health bodies; licensing authorities and trade associations representing those who produce and sell alcohol.
Duration:	The consultation runs for 10 weeks until 06 February 2013
Enquiries:	alcohol.consultation@homeoffice.gsi.gov.uk
How to respond:	<p>Information on how to respond to this consultation can be found on the Home Office website at http://www.homeoffice.gov.uk/about-us/consultations. Responses can be submitted online through the Home Office website or by post by sending responses to:</p> <p>Alcohol Consultation, Drugs and Alcohol Unit, Home Office, 4th Floor Fry Building, 2 Marsham Street, London, SW1P 4DF</p>
Additional ways to become involved:	Please contact the Home Office (as above) if you require information in any other format, such as Braille, large font or audio. The Department is obliged to both offer, and provide on request, these formats under the Equality Act 2010. We can also offer a version of the consultation in Welsh on request.
After the consultation:	Responses will be analysed and a 'Response to Consultation' document will be published. This will explain the Government's final policy intentions. All responses will be treated as public, unless the respondent states otherwise (see p.13).

Background

Getting to this stage:	The Government published its Alcohol Strategy in March 2012. This sets out its approach to tackling problem drinking. This consultation considers five key areas of the Strategy.
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3. Information about you

The following questions ask for some information about you. The purpose of these questions is to provide some context on your consultation responses and to enable us to assess the impact of the proposals on different groups of people. By providing this information you are giving your consent for us to process and use this information in accordance with the Data Protection Act 1998.

Company Name or Organisation (if applicable):

Which of the following best describes you or the professional interest you represent? Please select one box from the list below:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Individual involved in licensed trade/club premises |
| <input type="checkbox"/> | Small or medium sized enterprise involved in licensed trade/club premises (up to 50 employees) |
| <input type="checkbox"/> | Large business involved in licensed trade/club premises |
| <input type="checkbox"/> | Small or medium sized enterprise involved in the production of alcohol (up to 50 employees) |
| <input type="checkbox"/> | Business involved in the production of alcohol |
| <input type="checkbox"/> | Trade body representing the licensed trade/club premises or alcohol producers |
| <input type="checkbox"/> | Alcohol-related best practice scheme |
| <input type="checkbox"/> | Person or organisation specialising in licensing law |
| <input type="checkbox"/> | Voluntary and community organisation |
| <input type="checkbox"/> | Licensing authority |
| <input type="checkbox"/> | Licensing authority officer |

If you are from a licensing authority please specify which licensing authority in the box below:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Public health body (e.g. Primary Care Trust, Local Health Board, Director of Public Health) |
| <input type="checkbox"/> | Local Government (other) |
| <input type="checkbox"/> | Police and crime commissioner |
| <input type="checkbox"/> | Police force |
| <input type="checkbox"/> | Police officer |

If you are from a police force specify which police force in the box below:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Bodies representing public sector professionals (eg. Local Government Association, Institute of Licensing) |
| <input type="checkbox"/> | Central Government |
| <input type="checkbox"/> | Member of the public |
| <input type="checkbox"/> | Other (specify in the box below): |

**If you are responding on behalf of an organisation or interest group, how many members do you have?
(Please specify in the box below):**

Number of members:

Please select one box from the list below that best describes where you live or where your organisation is based:

North East England	<input type="checkbox"/>
North West England	<input type="checkbox"/>
South East England	<input type="checkbox"/>
Yorkshire and the Humber	<input type="checkbox"/>
West Midlands	<input type="checkbox"/>
East Midlands	<input type="checkbox"/>
East of England	<input type="checkbox"/>
South West England	<input type="checkbox"/>
London	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>
European Union	<input type="checkbox"/>
Rest of the world	<input type="checkbox"/>

If you are a member of the public:

What is your gender? (Please select one option)	Female	<input type="checkbox"/>
	Male	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>
What is your age? (Please tick one)	Under 18	<input type="checkbox"/>
	18 – 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>
	35 – 54	<input type="checkbox"/>
	55 - 64	<input type="checkbox"/>
	65 and over	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>

4. Confidentiality and disclaimer

Responses: Confidentiality & Disclaimer

- 4.1 The information you send us may be passed to colleagues within the Home Office, the Government or related agencies. Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes. These are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004.
- 4.2 If you want other information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence.
- 4.3 In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.
- 4.4 The Department will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

Please select if you would like your response or personal details to be treated as confidential ☐

Please give your reasons in the box below:

Consultation Principles

The Government has recently introduced a more proportionate and targeted approach to consultation, so that the type and scale of engagement is proportional to the potential impacts of the proposal. The emphasis is on understanding the effects of a proposal and focusing on real engagement with key groups rather than following a set process. The key Consultation Principles are:

- departments will follow a range of timescales rather than defaulting to a 12-week period, particularly where extensive engagement has occurred before;
- departments will need to give more thought to how they engage with and consult with those who are affected;
- consultation should be ‘digital by default’, but other forms should be used where these are needed to reach the groups affected by a policy; and
- the principles of the Compact between Government and the voluntary and community sector will continue to be respected.

The full consultation guidance is available at:

<http://www.cabinetoffice.gov.uk/sites/default/files/resources/Consultation-Principles.pdf>

5. A minimum unit price for alcohol

Introduction

- 5.1 In the Strategy, the Government committed to introducing a minimum unit price for alcohol in England and Wales. This consultation will contribute to the debate on the most appropriate price per unit and the mechanism by which, once set, minimum unit pricing would remain effective.⁸ It is also an opportunity for interested parties to raise other issues around minimum unit pricing.
- 5.2 Minimum unit pricing forms part of the comprehensive package of measures set out in the Strategy. The Government has already taken measures to reduce the availability of alcohol sold at irresponsible prices, for instance by changing the rules on the juice content of cider to prevent irresponsibly priced white ciders from qualifying for lower rates of duty. However, a minimum unit price for alcohol will ensure - for the first time - that alcohol can only be sold at a sensible and responsible price.
- 5.3 The purpose of minimum unit pricing is to reduce excessive alcohol consumption, particularly by the most hazardous and harmful drinkers who tend to show a preference for the cheapest alcohol products.⁹ Unlike moderate drinkers, they are less likely to switch to cheaper drinks, if prices rise. Crucially, evidence enables researchers to estimate in a statistically robust way (as set out in the Impact Assessment) that harmful drinkers in particular reduce their consumption more as a result of a minimum unit price set at a proportionate level than moderate drinkers.
- 5.4 As a result, we can estimate that there will be a reduction in the associated crime and health harms, especially the numbers of hospital admissions, alcohol-related deaths and alcohol-related crimes.¹⁰ Minimum unit pricing is not intended to disproportionately affect responsible drinkers or particular social groups but to reduce the availability of alcohol sold at very low or heavily discounted prices.
- 5.5 The actual impact of minimum unit pricing will depend on the price per unit of alcohol. The Government wants to ensure that the chosen price level is targeted and proportionate, whilst achieving a significant reduction of harm. The Government is therefore consulting on the introduction of a recommended minimum unit price of 45p. The table below shows the best available estimated impacts of this level of minimum unit price. This includes an estimated reduction in consumption across all product types of 3.3%, a reduction in crime of 5,240 per year, a reduction in 24,600 alcohol-related hospital admissions and 714 fewer deaths per year after ten years.

8 A 'unit' of alcohol is defined as 10 ml by volume, or 8g by weight, of pure alcohol (ethanol). The number of units in a particular alcohol product will therefore depend on the volume of that product and its alcoholic strength (alcohol by volume or abv).

9 See the Impact Assessment on minimum unit pricing for further details.

10 See the Impact Assessment on minimum unit pricing for further details

Impacts of a 45p minimum unit price¹¹

Total reduction in alcohol consumption	-3.3%
Reduction in number of crimes per year	5,240
Crime savings per year (including QALYs ¹² related to crime)	£12.9m
Number of deaths saved per year (at full effect)	714
Number of hospital admissions saved per year (at full effect)	24,600
Direct health care cost savings per year (at full effect)	£82.0m
Health QALY savings per year (at full effect)	£319m
Increase in spending for moderate drinkers (per year)	£7
Increase in spending for hazardous drinkers (per year)	£49
Increase in spending for harmful drinkers (per year)	£118
Increase in revenue to business (in year 1)	£1,040m
Impact on the public purse (as a result of a loss in alcohol duty)	-£200m

- 5.6 As the above table demonstrates, there are other issues to consider alongside the benefits of minimum unit pricing. As the level of minimum unit price rises, it affects moderate drinkers' consumption more and so is less targeted. Further, the expected reduction in alcohol consumption following the introduction of a minimum unit price would also reduce the amount of alcohol duty received by the Government, with consequences for the public purse. For further detail please see the impact assessment published alongside this consultation on the Home Office website.
- 5.7 In June 2012, following consultation, the Scottish Government passed legislation which would enable it to introduce a minimum unit price for alcohol in Scotland. It is intended that the minimum price will be set at 50p per unit of alcohol. The Northern Ireland Executive has also consulted on whether to introduce a minimum unit price for alcohol. The Government continues to monitor developments and progress in these areas and will consider any issues arising alongside the consultation.

¹¹ Please note that these figures are figures are subject to change in the Government's final impact assessment, and following this public consultation.

¹² Gains in health-related quality adjusted life years (QALYs) show the increase in the number of life years in good health as a result of reductions in mortality and morbidity from alcohol-related conditions.

Consultation

5.8 The Government wants to ensure that the chosen minimum unit price level is targeted and proportionate, whilst achieving a significant reduction of harm.

Consultation Question 1:

Do you agree that this MUP level would achieve these aims? (Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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If you think another level would be preferable, please set out your views on why this might be in the box below (keeping your views to a maximum of 200 words).

Consultation Question 2:

Should other factors or evidence be considered when setting a minimum unit price for alcohol? (Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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If yes, then please specify these in the box below (keeping your views to a maximum of 200 words).

- 5.9 The Government wishes to maintain the effectiveness of minimum unit pricing and is therefore proposing to adjust the minimum unit price level over time.

Consultation Question 3:

How do you think the level of minimum unit price set by the Government should be adjusted over time?
(Please select one option):

Do nothing – the minimum unit price should not be adjusted.	<input type="checkbox"/>
The minimum unit price should be automatically updated in line with inflation each year.	<input type="checkbox"/>
The minimum unit price should be reviewed after a set period.	<input type="checkbox"/>
Don't know.	<input type="checkbox"/>

Consultation Question 4:

The aim of minimum unit pricing is to reduce the consumption of harmful¹³ and hazardous¹⁴ drinkers, while minimising the impact on responsible¹⁵ drinkers. Do you think that there are any other people, organisations or groups that could be particularly affected by a minimum unit price for alcohol?
(Please select one option):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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If Yes please specify in the box below (keeping your views to a maximum of 100 words).

- 13 Harmful drinking is defined as when a person regularly drinks more than double the weekly equivalent of the NHS daily guidelines, that is more than 50 units weekly for men or more than 35 units weekly for women.
- 14 Hazardous drinking is defined as when a person regularly drinks over the NHS daily guidelines (equivalent to 21 units weekly for men and 14 units weekly for women), but less than double the guidelines.
- 15 Responsible (or moderate) drinkers are those who do not regularly exceed the daily guidelines (men should not regularly drink more than three to four units of alcohol per day and women should not regularly drink more than two to three units per day).

6. A ban on multi-buy promotions in the off-trade

Introduction

- 6.1 The Government is consulting on introducing a ban on multi-buy promotions in the off-trade (see glossary) as part of its wider strategy to reduce excessive alcohol consumption, and alongside the introduction of a minimum unit price. A ban on multi-buy promotions would therefore not apply to pubs, clubs, bars or restaurants.
- 6.2 The term multi-buy promotions refers to alcohol promotions that offer a discount for buying multiple items.
- 6.3 Multi-buy offers are popular with alcoholic-drink retailers. Research suggests that they increase sales and assist with retaining or increasing customer numbers. A report by the Institute of Alcohol Studies suggests that supermarket promotions, and discounts on alcohol, increase sales by 20-25% and that 83% of customers who purchase alcohol on promotion will return for a second purchase.¹⁶ However, the Government is concerned that these promotions contribute to the availability of irresponsibly priced alcohol, particularly through promotions which encourage large volumes of alcohol to be purchased.
- 6.4 The aim of a ban would be to stop promotions that encourage people to buy more than they otherwise would, making it cheaper (per item) to purchase more than one of a product than to purchase a single item. The proposed treatment of different types of promotions is set out in the table below.

16 Jack Law, Chief Executive of Alcohol Focus Scotland, 'Supermarket promotions and discounts on alcohol increase sales by 25%' in Alcohol Alert, Institute of Alcohol Studies, 2006, issue 1
http://www.ias.org.uk/resources/publications/alcoholalert/alert200601/al200601_p4.html

Types of promotions that WOULD be banned	Types of promotions that would NOT be banned
This is where the price of a single product in a multi-pack is sold for less than the price of buying that same product on its own. This will stop incentivising purchases of more products than people would otherwise buy.	A ban would not affect discounts which are not linked to the purchase of multiple bottles, or which are linked to the volume rather than the number of products. It would not stop retailers cutting the price of individual items to match multipack prices, or prevent them from having a minimum-buy rule.
two for the price of one	half price offers
three for the price of two	'a third off' offers
buy-one-get-one-free	£x off any individual item
buy six get 20% off	
24 cans of lager costing less than 24 times the cost of one can of lager in the shop	Cutting the price of a single can of lager so that it is as cheap as the cans in the multipack
A case of wine sold cheaper than the individual price at which the same bottles are sold in the shop	A case of wine can be priced at any level if the items are not available to buy individually
Three for £10 where each bottle costs more than £3.33	Three for £10 as long as you can also buy each individual item in the multi-pack for £3.33
Different multipack prices or multi-buy multipack offers. For example, 10 bottles of alcopops being sold for less per bottle than a package of four bottles, or three packages of 10 bottles being sold for less than three times the price of one 10 bottle pack.	Different prices for the same alcohol products sold in differed sized containers, where there is a per unit difference. For example, a box of wine can still be sold for less than the price of four bottles of the same wine.

- 6.5 A ban on multi-buy discounts would not include deals which are not linked to the purchase of multiple items. A ban would not stop retailers discounting individual items (such as 'was £10, now £6'), or prevent them from requiring their consumers to purchase a minimum quantity.
- 6.6 As well as being part of a wider strategy to reduce consumption and tackle irresponsible alcohol sales, a ban on multi-buy promotions would also contribute to the Government's aim of encouraging people to be aware of how much they drink and the risks of excessive drinking, so that they can make informed choices. The aim of this consultation is to assess support for such a ban and contribute to our understanding of the impact a ban on multi-buy promotions may have.

Consultation Question 5:

Do you think there should be a ban on multi-buy promotions involving alcohol in the off-trade?
(Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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Consultation Question 6:

Are there any further offers which should be included in a ban on multi-buy promotions?
(Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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If yes, please specify in the box below (keeping your views to a maximum of 100 words).

Consultation Question 7:

Should other factors or evidence be considered when considering a ban on multi-buy promotions?
(Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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If yes, please specify in the box below (keeping your views to a maximum of 200 words).

Consultation Question 8:

The aim of a ban on multi-buy promotions is to stop promotions that encourage people to buy more than they otherwise would, helping people to be aware of how much they drink, and to tackle irresponsible alcohol sales. Do you think that there are any other groups that could be particularly affected by a ban on multi-buy promotions? (Please select one option):

Yes

☐

No

☐

Don't Know

☐

If yes please specify in the box below (keeping your views to a maximum of 100 words).

7. Reviewing the mandatory licensing conditions

Introduction

- 7.1 Wherever possible, action to tackle alcohol-related harm and crime and disorder should be taken at a local level by those who understand the problems that their community is facing. However, at times, action is needed to achieve universal and radical change across the country and tackle underlying issues. In its response to the ‘Rebalancing the Licensing Act’ consultation in 2010, the Government committed to review the impact of the current mandatory licensing conditions. More recently, the Strategy made a commitment to review these mandatory licensing conditions to ensure they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs. The Government has also committed to consult on whether these mandatory licensing conditions should, where relevant, apply to both the on- and off-trade (see glossary). This consultation forms part of that review, and will contribute to the Government’s understanding of how these mandatory conditions are perceived.
- 7.2 Under the 2003 Act, the Secretary of State can prescribe up to nine mandatory licensing conditions in regulations. These are sometimes called the Mandatory Code. In 2010, the “Licensing Act 2003 (Mandatory Licensing Conditions) Order 2010” introduced four mandatory conditions that apply to all on-trade premises only and one mandatory condition which applies to both the on- and off-trade (this is the requirement to have an age verification policy, see below). A mandatory licensing condition may only be introduced by the Secretary of State if it is considered appropriate to do so for the promotion of the licensing objectives (see glossary).
- 7.3 The five mandatory licensing conditions currently set out in regulations in relation to the supply of alcohol are:
- A ban on irresponsible promotions.¹⁷
 - A ban on dispensing alcohol by one person directly into the mouth of another.
 - A requirement to provide free tap water on request to customers.
 - A requirement to have an age verification policy to prevent the sale of alcohol to persons under 18 years of age.¹⁸
 - A requirement to make available to customers small measures such as half pints of beer or cider or 125ml glasses of wine.¹⁹

17 An irresponsible promotion is any one of the following activities (summarised below) or substantially similar activities, carried on for the purposes of encouraging the sale or supply of alcohol for consumption on the premises in a manner which carries a significant risk of leading or contributing to crime and disorder, prejudice to public safety, public nuisance, or harm to children: -

- Games or other activities that require an individual to drink a quantity of alcohol within a time limit or to drink as much alcohol as possible.
- Provision of unlimited or unspecified quantities of alcohol for free or for a fixed or discounted fee.
- Provision of anything as a prize to encourage or reward the purchase and consumption of alcohol over a period of 24 hours or less.
- Provision of free or discounted alcohol dependent on the outcome of a race, competition or other event, or the likelihood of anything occurring or not occurring.
- Selling or supplying alcohol in association with promotional posters or flyers which condone, encourage or glamorise anti-social behaviour or refer to the effects of drunkenness in a favourable manner.

18 As described earlier, this is the only condition that applies to the off-trade as well as the on-trade. The sale of alcohol to anyone aged under 18 is an offence under section 146 of the Licensing Act 2003. This mandatory condition is intended to ensure that all premises have a policy designed to prevent sales to those aged under 18.

19 As with the provision of free tap water, this condition is intended to help customers manage their alcohol consumption, thereby reducing the risk of alcohol-related crime and disorder and other problems related to the licensing objectives.

Consultation Question 9:

Do you think each of the mandatory licensing conditions is effective in promoting the licensing objectives (crime prevention / public safety / public nuisance / prevention of harm to children - see glossary)?

Please state Yes / No / Don't know in each box:

		Prevention of crime and disorder	Public safety	Prevention of public nuisance	Protection of harm from children
A.	Irresponsible promotions (see condition i above)				
B.	Dispensing alcohol directly into the mouth (see condition ii above)				
C.	Mandatory provision of free tap water (see condition iii above)				
D.	Age verification policy (see condition iv above)				
E.	Mandatory provision of small measures (see condition v above)				

- 7.4 Chapter 6 of this consultation invites views on whether or not to introduce a ban on multi-buy promotions in the off-trade. While the Government does not intend to apply any such ban to the on-trade, it has committed to reviewing whether the current mandatory licensing conditions sufficiently target problems such as irresponsible promotions in pubs and clubs.

Consultation Question 10:

Do you think that the mandatory licensing conditions do enough to target irresponsible promotions in pubs and clubs? (Please select one option):

Yes ☐ No ☐ Don't Know ☐

If no, please state what more could be done in the box below (keeping your views to a maximum of 100 words).

Consultation Question 11:

Are there other issues related to the licensing objectives (prevention of crime and disorder / public safety / prevention of public nuisance / protection of children from harm - see glossary) which could be tackled through a mandatory licensing condition? (Please select one option):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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If yes, please specify in the box below (keeping your views to a maximum of 200 words).

Consultation Question 12:

Do you think the current approach, with five mandatory licensing conditions applying to the on-trade and only one of those to the off-trade, is appropriate? (Please select one option):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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If no, please explain why you think the current approach is not the best approach in the box below (keeping your views to a maximum of 100 words).

8. Health as a licensing objective for cumulative impact policies

Introduction

- 8.1 We want to ensure that licensing authorities are able to take alcohol-related health harms into consideration when making decisions about cumulative impact policies (CIPs) which can be used to manage problems linked to the density of premises in specific areas. We consider that a new health-related objective for alcohol licensing related specifically to cumulative impact is the best way to achieve this.
- 8.2 Evidence shows that there is a relationship between the increased density of premises and alcohol consumption and also between density and harm.²⁰ The evidence suggests that limiting the density of premises can be an effective tool in reducing harm (see section B and Annex A of the relevant impact assessment published alongside this consultation on the Home Office website www.homeoffice.gov.uk). At the moment local areas can only take data linked to existing licensing objectives (that is usually crime and disorder, and public safety) into account when making decisions about cumulative impact and so cannot fully consider the full range of alcohol-related harms in their area (such as data on liver disease or alcohol-related deaths).
- 8.3 Cumulative impact can be considered by licensing authorities when developing their statements of licensing policy. A CIP can be introduced and included in this policy on the basis of any one or more of the four existing licensing objectives when problems are linked to the impact of a significant number of licensed premises concentrated in a specific area. The current process for CIPs is set out in paragraphs 13.19 - 13.38 of the amended guidance issued under section 182 of the 2003 Act. The guidance can be found on the Home Office website: www.homeoffice.gov.uk.
- 8.4 A CIP introduces a rebuttable presumption that all new licence applications and variations in that area will normally be refused if the licensing authority receives a relevant representation stating that the application will add to the cumulative impact. However each application must still be considered on its own merits and the licensing authority may still grant the application if it is satisfied that the application will not contribute to the cumulative impact.

Consultation

- 8.5 We are proposing that licensing authorities will be able to take evidence of alcohol-related health harm into account in deciding whether to introduce a CIP and the extent of that CIP. This would be a discretionary power and not an obligation. We expect that those areas with the highest levels of alcohol-related health harm, or fast rising levels of harm from alcohol, will be most likely to use this power. It will allow local health bodies to fully contribute to local decision making and mean licensing authorities can restrict the number of licensed premises in the local area on the basis of robust local evidence.

²⁰ For example the National Institute for Health and Clinical Excellence guidance Alcohol use disorders: Preventing the development of hazardous and harmful drinking (June 2010) and its underlying evidence review.

- 8.6 CIPs are already being used successfully by many licensing authorities to promote the existing licensing objectives. Unlike evidence currently used to support the introduction of CIPs, such as data on crime and disorder incidents, health evidence is population based (for example linked to a broader area rather than individual streets), and consideration needs to be given to how this could be incorporated within the CIP process. We want to learn from the experiences of interested parties and explore how health information could best be used in developing such policies to enable local health harms to be reduced. We will be seeking, gathering and using additional input from licensing authorities, those with experience of health data, and other practitioners on the technical details of this proposal through individual meetings and technical consultation groups.

Consultation Question 13:

What sources of evidence on alcohol-related health harm could be used to support the introduction of a cumulative impact policy (CIP) if it were possible for a CIP to include consideration of health?

Please specify in the box below, keeping your views to a maximum of 200 words.

Consultation Question 14:

Do you think any aspects of the current cumulative impact policy process would need to be amended to allow consideration of data on alcohol-related health harms? (Please select one option):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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If yes, please specify which aspects in the box below, keeping your views to a maximum of 200 words.

Consultation Question 15:

What impact do you think allowing consideration of data on alcohol-related health harms when introducing a cumulative impact policy would have if it were used in your local area? Please specify in the box below, keeping your views to a maximum of 200 words. Please provide evidence to support your response.

9. Freeing up responsible businesses

- 9.1 The Government has committed to consult on giving licensing authorities greater freedom to take decisions that reflect the needs of their local community. Following the Government's Red Tape Challenge in 2011, three areas of reform were specified: alcohol licensing for certain types of premises providing minimal alcohol sales, temporary event notices (TENs) and the licensing of late night refreshment. This chapter asks for views on these proposals and suggests further ways to reduce burdens on business. The proposals set out here can be considered alongside work undertaken by the Department for Culture, Media and Sport to remove unnecessary red tape from regulated entertainment.²¹

Ancillary sales of alcohol

- 9.2 For many businesses, the sale of alcohol is only a small part of, or incidental to, their wider activities, and occurs alongside the provision of another product or service (which this document refers to as an "ancillary sale"). For example, a guesthouse might wish to provide wine to its guests with an evening meal or a complimentary bottle of wine in a guest's room, while a hairdresser might wish to offer clients a glass of wine. In law, providing alcohol so that it is part of a wider contract such as this is likely to constitute a sale and therefore require a licence. Therefore such businesses are currently subject to the same licensing process as a large bar or off-licence and often may not find it worthwhile to obtain a licence for the low level of alcohol likely to be sold. For instance, these types of premises currently need to hold a premises licence and would need to have at least one personal licence holder working at the premises to authorise sales of alcohol.
- 9.3 The Government believes that there is scope to develop options to reduce some licensing burdens on such "ancillary sellers" while ensuring that irresponsible businesses cannot take advantage of loopholes and that the police and other enforcement agencies are able to enforce the law effectively.
- 9.4 In considering such proposals for deregulation, a key question will be the definition of an "ancillary sale". Here, striking the right balance between reducing burdens and ensuring that appropriate safeguards remain will be key. This consultation sets out two mechanisms to achieve this, which may not be mutually exclusive.
- 9.5 The first option (see Question 16 A) is to define ancillary sellers by reference to specific types of businesses and the kinds of sales they make, such as those examples of guesthouses or hairdressers given above in paragraph 9.2. Some specific types of businesses on which we are seeking views on including can be found in Question 17, with further suggestions invited in Question 18. This proposal would have the effect of excluding other types of businesses where sales of alcohol might still be incidental to the main business, but the risk of creating loopholes might be seen by some as higher.

²¹ The Government has consulted on proposals to deregulate entertainment licensing. The Government will publish its response to the consultation shortly.

9.6 The second option (see Question 16 B) is to broaden the definition of “ancillary sales” to include all businesses (and/or not for profit activities²²) through the use of a general set of qualification criteria, for example, to the effect that:

- alcohol must be sold or supplied as a small part or proportion of a sales transaction or contract for a wider service; and
- the amount of alcohol that could be supplied as part of that contract cannot exceed a prescribed amount.

These qualification criteria have the potential to significantly widen the types of businesses included. For example, this could include the kinds of sales that could be made where there are regular events in businesses such a book shop where an alcoholic drink is included as part of entry to a book signing event, or at a tourist attraction, such as a tour of a vineyard or distillery, where a glass of wine or whisky is included in the ticket price.

9.7 As an “ancillary seller” under either option, a premises or business would be restricted to making only those agreed limited sales of alcohol. So, for example, if a bed and breakfast wish to give guests a glass of wine as a “welcome drink” that would meet the definition of an ancillary sale, but if the business was supplying an unlimited amount through a bar, mini-bar or room service, it could not fit the definition of an “ancillary sale”. We will be exploring further as part of the technical consultation what reasonable limits could apply.

²² Subsequent references to “businesses” include not-for-profit organisations and activities.

Consultation Question 16:

Should special provision to reduce the burdens on ancillary sellers be limited to specific types of business, and/or be available to all types of business providing they meet certain qualification criteria for limited or incidental sales? (Please select one option in each row):

		Yes	No	Don't know
A	The provision should be limited to a specific list of certain types of business and the kinds of sales they make (see paragraph 9.5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	The provision should be available to all businesses providing they meet certain qualification criteria to be an ancillary seller (see paragraph 9.6).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	The provision should be available to both a specific list of premises and more widely to organisations meeting the prescribed definition of an ancillary seller, that is, both options A and B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 17:

If special provision to reduce licensing burdens on ancillary sellers were to include a list of certain types of business, do you think it should apply to the following? (Please select one option in each row):

		Yes	No	Don't know
A	Accommodation providers, providing alcohol alongside accommodation as part of the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Hair and beauty salons, providing alcohol alongside a hair or beauty treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Florists, providing alcohol alongside the purchase of flowers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Cultural organisations, such as theatres, cinemas and museums, providing alcohol alongside cultural events as part of the entry ticket.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Regular charitable events, providing alcohol as part of the wider occasion. ²³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 18:

Do you have any suggestions for other types of businesses to which such special provision could apply without impacting adversely on one or more of the licensing objectives (see glossary)? (Please write your suggestions in the box below, keeping your views to a maximum of 200 words):

²³ It should be considered that, for businesses that wish to sell alcohol on an occasional basis, the use of a Temporary Event Notice (TEN) is likely to remain a preferable option. Paragraph 9.13 describes changes we have already made to make TENs more flexible, and makes further proposals.

Consultation Question 19:

The aim of a new 'ancillary seller' status is to reduce burdens on businesses where the sale of alcohol is only a small part of their business and occurs alongside the provision of a wider product or service, while minimising loopholes for irresponsible businesses and maintaining the effectiveness of enforcement (see paragraphs 9.2 and 9.3). Do you think that the qualification criteria proposed in paragraph 9.6 meet this aim? (Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
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If no, please describe the changes you would make in the box below (keeping your views to a maximum of 200 words).

- 9.8 The Government is consulting on two basic approaches which could be used to reduce the burden on premises where they have been given the status of an ancillary seller.

Option A - Removing the need for a personal licence holder

- 9.9 The first option would be to reduce the requirements and costs associated with a premises licence by enabling ancillary sellers to apply to remove the requirement that all premises have at least one member of staff acting as a Designated Premises Supervisor (DPS) and for that person to be a personal licence holder (PLH). In most cases, this requirement is necessary to ensure that a qualified person is authorising sales of alcohol and that premises are fully complying with the law.
- 9.10 However, the 2003 Act already recognises that this requirement (which means a member of staff possessing an accredited PLH qualification and meeting the cost of the personal licence fee on top of the premises licence fee) can be overly onerous and disproportionate in some cases, such as for community premises (e.g. village halls). The 2003 Act therefore currently allows community premises to apply to their licensing authority for an exemption from this requirement and we are considering broadening this to also exempt ancillary sellers. As for community premises, it would be expected that an ancillary seller would apply for this exemption at the same time as making an application for a premises licence, with no extra fee or process necessary.

Option B - Removing the need for a premises licence

- 9.11 A more radical option would be the possible introduction of a new form of lighter-touch authorisation under the 2003 Act, available only to those given the status of an ancillary seller. This could be referred to as an “ancillary sales notice” (ASN) and would remove the need for a premises licence at those premises. The process of obtaining an ASN would be quicker, simpler and cheaper than for a premises licence to reflect the limited form of alcohol sales that would be taking place. It could potentially work in a similar way to a TEN. The applicant could send a notice (accompanied by a fee that will cover the licensing authority’s costs) stating that they believe themselves to be an ancillary seller, given the nature of their business. The police or the environmental health authority could object. There would be no need to advertise publicly and no annual fee. Unlike a TEN however, the authorisation (and the power to object) would be ongoing (but with a defined maximum duration such as five years).
- 9.12 When considering this proposal it would be important to strike the right balance between ensuring that the ASN process is a simplified process, and ensuring that appropriate safeguards still apply to those premises with an ASN as they do to other premises. For example, criminal offences would still apply to ASN holders and the licensing authority should be able to refuse (or revoke) an ASN that is inappropriate for the promotion of the licensing objectives. We are asking whether the requirement for sales of alcohol to be authorised by a personal licence holder should still apply to alcohol sold under an ASN.

Consultation Question 20:

Do you think that these proposals would significantly reduce the burdens on ancillary sellers? (Please select one option in each row):

		Yes	No	Don't know
A	Allow premises making ancillary sales to request in their premises licence application that the requirement for a personal licence holder be removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Introduce a new, light-touch form of authorisation for premises making ancillary sales - an ‘ASN’ but retain the need for a personal licence holder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Introduce a new, light touch form of authorisation for premises making ancillary sales – an ASN - with no requirement for a personal licence holder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 21:

Do you think that the following proposals would impact adversely on one or more of the licensing objectives (see glossary)? (Please select one option in each row):

		Yes	No	Don't know
A	Allow premises making ancillary sales to request in their premises licence application that the requirement for a personal licence holder be removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Introduce a new, light-touch form of authorisation for premises making ancillary sales – 'ASN' but retain the need for a personal licence holder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Introduce a new, light touch form of authorisation for premises making ancillary sales – an ASN – with no requirement for a personal licence holder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 22:

What other issues or options do you think should be considered when taking forward proposals for a lighter touch authorisation? (Please specify in the box below, keeping your views to a maximum of 200 words)?

Occasional provision of licensable activities at community events

9.13 Those who wish to provide licensable activities (for example selling alcohol or providing late night refreshment) on an occasional basis must obtain an authorisation under the 2003 Act. They will ordinarily obtain a TEN (see glossary). The Government has already given more local flexibility over TENs. For example, since April 2012, environmental health authorities are able to make objections. For those issuing TENs, the process has also been made more flexible, for example by enabling licensing authorities to accept TENs received after the ten-day deadline and extending the maximum duration of a TEN. We are considering now whether there is scope to be more radical and allow individual licensing authorities to determine their own, less burdensome, TEN processes if they wish.

9.14 It is proposed that licensing authorities should be able to enable holders of community events to notify them of their intention to provide licensable activities through a mechanism set out locally by the licensing authority (such as an email or a letter) instead of applying for a TEN through the usual process. This could mean, for example, that community groups could notify their licensing authority of all their upcoming events involving licensable activities for a certain period (such as a year).

9.15 There may be a concern among licensing authorities and local police that such a process could create loopholes or make processes more bureaucratic locally. However the intention is that the decision as to whether to introduce a local approach would be entirely discretionary for licensing authorities. As a safeguard, it is proposed that the current TEN process under the 2003 Act should continue to be available alongside any local approach in all licensing authority areas to ensure that a consistent process remains available, including for members of other EU states. This would ensure that the TEN process continues to comply with the European Services Directive.

Consultation Question 23:

Do you agree that licensing authorities should have the power to allow organisers of community events involving licensable activities to notify them through a locally determined notification process? (Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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Consultation Question 24:

What impact do you think a locally determined notification would have on organisers of community events? (Please select one option in each row):

		Yes	No	Don't know
A	Reduce the burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Increase the burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An extension of the TEN limit at individual premises

9.16 There is currently a limit of 12 TENs per year at individual premises. Following recent reforms of the TEN system, additional safeguards to the TEN process now exist in that the environmental health authority can object to TENs as well as the police, and both bodies can object on the grounds of any of the four licensing objectives (rather than only on the prevention of crime and disorder). Furthermore, where a TEN is given in relation to licensed premises, licensing authorities can now impose the same conditions on the TEN which apply to the premises' licence or club premises certificate.

9.17 Given these safeguards it is proposed that the number of TENs which can be given in respect of individual premises should be increased. We propose increasing the number of TENs which can be given from 12 to either 15 (an increase of 25%) or 18 (an increase of 50%).

Consultation Question 25:

Should the number of TENs which can be given in respect of individual premises be increased?
(Please select one option):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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Consultation Question 26:

If yes, please select one option to indicate which you would prefer:

15	<input type="checkbox"/>
18	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Late night refreshment

9.18 Late night refreshment is the provision of hot food and drink to the public after 11pm and before 5am. It requires a licence because of the problems that can occur, for instance outside late night takeaways. The police and other agencies greatly value the safeguards licensing provides, such as the ability to impose conditions on these premises.

9.19 While we believe that the ability to regulate late night refreshment should continue, there is scope to reduce the burdens of licensing requirements for businesses that provide late night refreshment but do not sell alcohol and are not associated with the alcohol-related late night economy.

9.20 The Government is consulting on two proposals, which are not mutually exclusive.

- The first proposal is to introduce local discretion on whether late night refreshment should be licensable. This could be done in two ways. Licensing authorities could be given powers to determine that premises providing late night refreshment (and no other licensable activities) should be exempt from the requirement to have an authorisation under the 2003 Act in certain parts of their area. Alternatively, licensing authorities could exempt certain types of premises in their area.
- The second proposal is to add new centrally prescribed exemptions to those in schedule 2 of the 2003 Act, similar to those that already apply to the provision of late night refreshment to which access is limited (such as workplace canteens or private clubs) and other exemptions such as hot-drink vending machines and the provision of late night refreshment by a charity.²⁴ We propose a further exemption for motorway service areas (MSAs) as we believe that they are not part of the wider night time economy, and indeed could be considered as totally separate because the late night refreshment they provide is not linked to alcohol consumption.

²⁴ The full set of exemptions can be found in schedule 2 of the Licensing Act 2003.

Consultation Question 27:

Do you think that licensing authorities should have local discretion around late night refreshment in each of the following ways? (Please select one option in each row):

		Yes	No	Don't know
A	Determining that premises in certain areas are exempt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Determining that certain premises types are exempt in their local area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 28:

Do you agree that motorway service areas should receive a nationally prescribed exemption from regulations for the provision of late night refreshment? (Please select one option):

		Yes	No	Don't know
A	Motorway service areas should receive a nationally prescribed exemption from regulations for the provision of late night refreshment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 29:

Please describe in the box below any other types of premises to which you think a nationally prescribed exemption should apply (keeping your views to a maximum of 100 words):

Further proposals to reduce burdens on business

- 9.21 At present, those applying for new licences and club premises certificates or making full licence variations must advertise their applications in a local newspaper or circular. We propose to remove this requirement. The way people consume news locally is changing, both in its frequency and form. Local residents have opportunities to learn about applications online or by notices on the premises themselves.
- 9.22 The Government is also considering deregulating more widely elements of the ban on alcohol sales that applies to motorway service areas (MSAs). Licensing legislation and current Government guidance results in a general prohibition of the sale of alcohol at MSAs. One option is to lift this centrally imposed restriction and make on-sales and off-trade sales (see glossary) of alcohol at MSAs a matter for licensing authorities to determine locally, in the same manner as any other application for a licence. There is a separate question as to whether lodges and other overnight accommodation at MSAs should be able to serve alcohol to residents. These proposals must be balanced against strong messages against drink-driving.
- 9.23 Finally, under the 2003 Act, each sale of alcohol under a premises licence must be made under the authority of a personal licence holder. All personal licences must be renewed after a ten-year period to be valid. This consultation invites views on whether this requirement should be removed or simplified to reduce the burden on responsible businesses. The onus would continue to be on personal licence holders to ensure their licences are up-to-date in terms of personal details and photograph and to declare them on conviction for any relevant criminal offences, as well as to declare such convictions to their licensing authority. There are various existing criminal offences covering failure to make these declarations and the police already have powers to check personal licences. Sentencing guidelines also make reference to the courts' powers to order forfeit of a personal licence if a personal licence holder is convicted of a relevant criminal offence.
- 9.24 Finally, we continue to welcome views on additional or alternative proposals for reducing burdens on responsible businesses. The consultation therefore also provides the opportunity for interested parties to propose further ways in which other sections of or processes under the 2003 Act could be removed or simplified.

Consultation Question 30:

Do you agree with each of the following proposals? (Please select one option in each row):

		Yes	No	Don't know
A	Remove requirements to advertise licensing applications in local newspapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Remove the centrally imposed prohibition on the sale of alcohol at MSAs for the on and off-trade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Remove the centrally imposed prohibition on the sale of alcohol at MSAs but only in respect of overnight accommodation – “lodges”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Remove or simplify requirements to renew personal licences under the 2003 Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 31:

Do you think that each of the following would reduce the overall burdens on business? (Please select one option in each row):

		Yes	No	Don't know
A	Remove requirements to advertise licensing applications in local newspapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Remove the centrally imposed prohibition on the sale of alcohol at MSAs for the on and off-trade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Remove the centrally imposed prohibition on the sale of alcohol at MSAs but only in respect of overnight accommodation – “lodges”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Remove or simplify requirements to renew personal licences under the 2003 Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 32:

Do you think that the following measures would impact adversely on one or more of the licensing objectives (see glossary)? (Please select one option in each row):

		Yes	No	Don't know
A	Remove requirements to advertise licensing applications in local newspapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Remove the centrally imposed prohibition on the sale of alcohol at MSAs for the on and off-trade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Remove the centrally imposed prohibition on the sale of alcohol at MSAs but only in respect of overnight accommodation – “lodges”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Remove or simplify requirements to renew personal licences under the 2003 Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 33:

In addition to the suggestions outlined above, what other sections of or processes under the 2003 Act could in your view be removed or simplified in order to impact favourably on businesses without undermining the statutory licensing objectives or significantly increasing burdens on licensing authorities? (Please specify in the box below keeping your views to a maximum of 200 words):

10. Impact assessments

10.1 Impact assessments for the proposals in this consultation have been published alongside this document. Consultation respondents are encouraged to comment on these documents.

Consultation Question 34:

Do you think that the Impact Assessments related to the consultation provide an accurate representation of the costs and benefits of the proposals? (Please select one option in each row):

		Yes	No	Don't know
A	Minimum unit pricing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Multi-buy promotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Health as a licensing objective for cumulative impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Ancillary sales of alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Temporary Event Notices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Late night refreshment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Removing the duty to advertise licence applications in a local newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales of alcohol at motorway service stations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Personal licences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Question 35:

Do you have any comments on the methodologies or assumptions used in the impact assessments? If so, please detail them, referencing clearly the impact assessment and page to which you refer.

Yes

☐

No

☐

Don't Know

☐

If yes, please specify in the box below, referencing clearly the impact assessment and page to which you refer (keeping your views to a maximum of 400 words).

11. List of questions

Consultation Question 1:

Do you agree that this MUP level would achieve these aims?

Consultation Question 2:

Should other factors or evidence be considered when setting a minimum unit price for alcohol?

Consultation Question 3:

How do you think the level of minimum unit price set by the Government should be adjusted over time?

Consultation Question 4:

The aim of minimum unit pricing is to reduce the consumption of harmful²⁵ and hazardous²⁶ drinkers, while minimising the impact on responsible²⁷ drinkers. Do you think that there are any other people, organisations or groups that could be particularly affected by a minimum unit price for alcohol?

Consultation Question 5:

Do you think there should be a ban on multi-buy promotions involving alcohol in the off-trade?

Consultation Question 6:

Are there any further offers which should be included in a ban on multi-buy promotions?

Consultation Question 7:

Should other factors or evidence be considered when considering a ban on multi-buy promotions?

25 Harmful drinking is defined as when a person regularly drinks more than double the weekly equivalent of the NHS daily guidelines, that is more than 50 units weekly for men or more than 35 units weekly for women.

26 Hazardous drinking is defined as when a person regularly drinks over the NHS daily guidelines (equivalent to 21 units weekly for men and 14 units weekly for women), but less than double the guidelines.

27 Responsible (or moderate) drinkers are those who do not regularly exceed the daily guidelines (men should not regularly drink more than three to four units of alcohol per day and women should not regularly drink more than two to three units per day).

Consultation Question 8:

The aim of a ban on multi-buy promotions is to stop promotions that encourage people to buy more than they otherwise would, helping people to be aware of how much they drink, and to tackle irresponsible alcohol sales. Do you think that there are any other groups that could be particularly affected by a ban on multi-buy promotions?

Consultation Question 9:

Do you think each of the mandatory licensing conditions is effective in promoting the licensing objectives (crime prevention / public safety / public nuisance / prevention of harm to children)?

Consultation Question 10:

Do you think that the mandatory licensing conditions do enough to target irresponsible promotions in pubs and clubs?

Consultation Question 11:

Are there other issues related to the licensing objectives (prevention of crime and disorder / public safety / prevention of public nuisance / protection of children from harm) which could be tackled through a mandatory licensing condition?

Consultation Question 12:

Do you think the current approach, with five mandatory licensing conditions applying to the on-trade and only one of those to the off-trade, is appropriate?

Consultation Question 13:

What sources of evidence on alcohol-related health harm could be used to support the introduction of a cumulative impact policy (CIP) if it were possible for a CIP to include consideration of health?

Consultation Question 14:

Do you think any aspects of the current cumulative impact policy process would need to be amended to allow consideration of data on alcohol-related health harms?

Consultation Question 15:

What impact do you think allowing consideration of data on alcohol-related health harms when introducing a cumulative impact policy would have if it were used in your local area? Please provide evidence to support your response.

Consultation Question 16:

Should special provision to reduce the burdens on ancillary sellers be limited to specific types of business, and/or be available to all types of business providing they met key criteria for limited or incidental sales?

Consultation Question 17:

If special provision to reduce licensing burdens on ancillary sellers were to include a list of certain types of premises, do you think it should apply to the following?

Consultation Question 18:

Do you have any suggestions for other types of businesses to which such special provision could apply without impacting adversely on one or more of the licensing objectives?

Consultation Question 19:

The aim of a new 'ancillary seller' status is to reduce burdens on businesses where the sale of alcohol is only a small part of their business and occurs alongside the provision of a wider product or service, while minimising loopholes for irresponsible businesses and maintaining the effectiveness of enforcement (see paragraphs 9.2 and 9.3). Do you think that the qualification criteria proposed in paragraph 9.6 meet this aim?

Consultation Question 20:

Do you think that these proposals would significantly reduce the burdens on ancillary sellers?

Consultation Question 21:

Do you think that the following proposals would impact adversely on one or more of the licensing objectives?

Consultation Question 22:

What other issues or options do you think should be considered when taking forward proposals for a lighter touch authorisation?

Consultation Question 23:

Do you agree that licensing authorities should have the power to allow organisers of community events involving licensable activities to notify them through a locally determined notification process?

Consultation Question 24:

What impact do you think a locally determined notification would have on organisers of community events?

Consultation Question 25:

Should the number of TENs which can be given in respect of individual premises be increased?

Consultation Question 26:

If yes, please indicate which option you would prefer:

Consultation Question 27:

Do you think that licensing authorities should have local discretion around late night refreshment in each of the following ways?

Consultation Question 28:

Do you agree that motorway service areas should receive a nationally prescribed exemption from regulations for the provision of late night refreshment?

Consultation Question 29:

Please describe any other types of premises to which you think a nationally prescribed exemption should apply.

Consultation Question 30:

Do you agree with each of the following proposals?

Consultation Question 31:

Do you think that each of the following would reduce the overall burdens on business?

Consultation Question 32:

Do you think that the following measures would impact adversely on one or more of the licensing objectives?

Consultation Question 33:

In addition to the suggestions outlined above, what other sections of or processes under the 2003 Act could in your view be removed or simplified in order to impact favourably on businesses without undermining the statutory licensing objectives or significantly increasing burdens on licensing authorities?

Consultation Question 34:

Do you think that the Impact Assessments related to the consultation provide an accurate representation of the costs and benefits of the proposals?

Consultation Question 35:

Do you have any comments on the methodologies or assumptions used in the impact assessments? If so please detail them, referencing clearly the impact assessment and page to which you refer.

12. Glossary

Alcohol guidelines	<p>Harmful drinking is defined as when a person regularly drinks more than double the weekly equivalent of the NHS daily guidelines, that is more than 50 units weekly for men or more than 35 units weekly for women.</p> <p>Hazardous drinking is defined as when a person regularly drinks over the NHS daily guidelines (equivalent to 21 units weekly for men and 14 units weekly for women), but less than double the guidelines.</p> <p>Moderate drinkers are those who do not regularly exceed the daily guidelines (men should not regularly drink more than three to four units of alcohol per day and women should not regularly drink more than two to three units per day).</p>
'Ancillary sellers'	Those businesses for which the sale of alcohol is only a small part of, or incidental to, their wider activities, and occurs alongside the provision of another product or service. This consultation invites views on how 'ancillary sellers' could be defined.
Ancillary Sales Notice (ASN)	One of two options proposed in this consultation to reduce some licensing burdens on 'ancillary sellers'. An ASN would be an authorisation available to those with ancillary seller status and would remove the need for a premises licence at those premises. Obtaining an ASN would be quicker, simpler and cheaper than a premises licence, and could potentially work in a similar way to a TEN.
Annual fee	Holders of premises licences and club premises certificates under the 2003 Act must pay an annual fee on the anniversary of its grant.
Club premises certificates	Under the 2003 Act, private 'members' clubs require authorisation to use club premises for qualifying club activities, including the supply or sale of alcohol.
Cumulative impact policy (CIP)	CIPs are a mechanism set out in the statutory guidance issued under the 2003 Act by which licensing authorities can take into account the potential impact on the statutory licensing objectives of a significant number of licensed premises concentrated in one area.
Designated premises supervisor (DPS)	Under the 2003 Act, licensed premises that authorise the sale of alcohol must, in most cases, have a DPS specified in the licence. Only someone who holds a personal licence can be a DPS.
Early Morning Alcohol Restriction Order (EMRO)	Licensing authorities are able to apply an order to prevent the sale of alcohol (at a time between midnight and 6am) in all or part of their area if they consider that it is appropriate for the promotion of the licensing objectives.
EU Services Directive	Transposed into UK legislation by the Provision of Services Regulations 2009, the directive sets out how the internal market in relevant services should operate. The aim is to help open up the internal market in services across the EU, increasing employment opportunities and trade.
The Government's Alcohol Strategy (the 'Strategy')	Published on 23 March 2012, the Strategy sets out how to tackle the problems caused by people drinking to excess.
Harmful drinking	Harmful drinking is defined as when a person regularly drinks more than double the weekly equivalent of the NHS daily guidelines, that is more than 50 units weekly for men or more than 35 units weekly for women.
Hazardous drinking	Hazardous drinking is defined as when a person regularly drinks over the NHS daily guidelines (equivalent to 21 units weekly for men and 14 units weekly for women), but less than double the guidelines.
Late night refreshment (LNR)	Under the 2003 Act, LNR means the provision of hot food or hot drink to the public, for consumption on or off the premises, between 11.00 pm and 5.00 am.

Licensing Act 2003 (the '2003 Act')	The 2003 Act established a single, integrated scheme for licensing premises which are used for the sale or supply of alcohol, the provision of regulated entertainment, or the provision of LNR.
Licensing authorities	Licensing authorities are defined in the 2003 Act. They are primarily district councils or unitary authorities in England and county boroughs in Wales. Licensing authorities issue and administer premises licences, club premises certificates and temporary event notices in their area, as well as, for example, personal licences and renewals of personal licences.
The licensing objectives	Under the 2003 Act, licensing authorities have a duty to carry out their functions under the Act with a view to promoting the licensing objectives. These are: <ul style="list-style-type: none"> • the prevention of crime and disorder; • public safety; • the prevention of public nuisance; and • the protection of children from harm.
Mandatory code	See Mandatory licensing conditions
Mandatory licensing condition	The additional mandatory licensing conditions set out in regulations under Section 19A of the 2003 Act are sometimes referred to as the Mandatory Code. The Secretary of State can prescribe up to nine additional mandatory licensing conditions in regulations. A list of the current mandatory licensing conditions under s.19A can be found on page 21.
Moderate drinking	Moderate drinkers are those who do not regularly exceed the daily guidelines (men should not regularly drink more than three to four units of alcohol per day and women should not regularly drink more than two to three units per day).
On-trade	Premises that are authorised to sell alcohol for consumption on the premises, such as restaurants, bars and pubs.
Off-trade	Premises that are authorised to sell alcohol for consumption off the premises only, such as shops and off-licences.
Personal licence	Under the 2003 Act, each sale of alcohol under a premises licence must, with some exceptions, be made under the authority of a personal licence holder. A personal licence does not need to be associated with a particular premises, and a person can apply for a personal licence if they are not currently employed at a licensed premises.
Police Reform and Social Responsibility Act 2011 (the '2011 Act')	The 2011 Act rebalanced the 2003 Act, giving more powers to local communities to tackle problems in their area.
Recommended alcohol limits	The National Health Service recommends that men should not regularly drink more than three to four units of alcohol per day, and that women should not regularly drink more than two to three units per day. After a heavy drinking session, the NHS recommends avoiding alcohol for 48 hours.
Red Tape Challenge	An ongoing Government initiative to encourage members of the public to recommend regulations that should be scrapped, simplified or retained. Regulations are put forward every few weeks on a thematic basis.
Responsible drinking	The National Health Service defines responsible drinking as when a person consumes alcohol within the recommended limits.

Temporary Event Notice (TEN)	Under the 2003 Act, a TEN enables the issuer to undertake licensable activities (including selling alcohol) on an occasional basis without any other authorisation. The TEN must be issued to the licensing authority, the police, and the environmental health authority (EHA). The police or the EHA can object on grounds related to any of the licensing objectives. There are limits on the number of TENs a person or premises may give each year. It is an offence to carry out a licensable activity without an appropriate authorisation.
Unit of alcohol	A unit of alcohol is defined as 10ml by volume, or 8g by weight, of pure alcohol (ethanol). The number of units in a particular alcohol product will therefore depend on the volume of that product and its alcoholic strength (alcohol by volume or abv).

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